

ANNUAL PACKAGE PROPOSAL FORM NZ

IMPORTANT NOTICES

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Notices, please contact us or your insurance broker before signing the Declaration at the end of this document. Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

AGENT OF INSURERS

SURA Film and Entertainment Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

DUTY OF DISCLOSURE

When you apply for insurance, you have a legal duty of disclosure. This means you or anyone on your behalf must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

1. to accept or decline your insurance, and/or
2. the cost or terms of the insurance, including the excess.

You also have this duty every time your insurance renews and when you make any changes to it. If you or anyone on your behalf breaches this duty, we may treat this Policy as being of no effect and to have never existed. Please ask us or your broker if you are not sure whether you need to tell us about something.

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information.

SURA Film and Entertainment has developed a Privacy Policy, which explains what sort of personal information we hold about you and what we do with that information.

To obtain a copy of our Privacy Policy, please contact your insurance broker or visit our website at www.sura.com.au

FAIR INSURANCE CODE

This policy is not subject to the protections afforded by the Insurance Council of New Zealand's Fair Insurance Code.

For more details please contact Us.

1. Name of Proposer

2. Address

3. Telephone No.

Facsimile No.

Email Address

4. Proposer is

(A) Individual

(B) Partnership

(C) Company

5. Number of Employess

6. Is the Proposer registered for GST?

Yes No

GST Registration No.

7. Experience of Proposer (Examples)

8. Period of Cover

From

/

/

To

/

/

9. Type of Productions Proposer is involved in (e.g. TVC, Doco)

10. Proposers Estimated Annual Production Costs

11. Are the productions shot on film, tape or other form of Content Media? (If more than one, please provide a percentage split)

12. Are any special film processes, special film or specialised equipment being used in this production? (imax, animation, computer-generated graphics, steadycam, underwater, aerial photography, etc.)

Yes No

If Yes, please explain

13. Will Content Media and camera equipment be tested prior to commencement of Principal Photography?

Yes No

If No, please explain

14. How will Content Media be transported to the processing laboratory (e.g. road, rail, air)

15. How frequently will Content Media be:

a) Transported

b) Processed

c) View

d) If not daily, explain in detail how frequently Content Media will be processed and viewed

e) Will results be viewed daily on a colour monitor? Yes No

16. Location to which equipment is returned when not in use

17. What measures will be taken to protect equipment while in use and who is responsible?

18. Will equipment be loaned out, hired out or rented out? Yes No

If Yes, please provide copy of Conditions of Business with this proposal.

19. Indicate by ticking if following security measures are in place at premises where equipment usually resides:

Deadlocks on all external doors Keyed locks on all windows

Local alarm Monitored alarm

20. Will equipment be left in a motor vehicle overnight? Yes No

If Yes, will motor vehicle be parked in a locked garage? Yes No

21. Do all major items have protective transport casing? Yes No

If No, how are items protected for transport?

22. Geographical Limits Required Australia wide New Zealand wide

Australia & New Zealand Worldwide

23. Describe stunts, scenes involving animals, motorcycles, special vehicles, watercraft, aircraft, explosives, pyrotechnics, use of trains/railroad or any other hazardous activities (Attach copy of safety report)

24. Cast Coverage

NAME	AGE	ROLE	PERIOD OF COVER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

25. Are any persons covered involved in any hazardous activity? Yes No

If Yes, please provide full details

26. Insurance Requirements: Is Fire Coverage required? Yes No

TYPE OF COVER	SUM INSURED (LIMIT ANY ONE OCCURANCE)
Film Producers Indemnity (Cast)	\$ _____
Content Media	\$ _____
Extra Expense	\$ _____
Production Property	\$ _____
a) Owned Equipment	\$ _____
b) Non Owned Equipment	\$ _____
c) Office Contents	\$ _____
d) Props, Sets, Wardrobe and Scenery	\$ _____
Money	\$ _____
Liability	\$ _____

27. Currency Required AUD NZD

28. Do all independent contractors have their own public liability coverage? Yes No

If No, please explain

29. If the Proposer is a company or a private business venture, other than a partnership, please supply the names and addresses of each director

30. Have any of the Proposers ever been convicted of a criminal offence relating to arson, fraud or otherwise involving dishonesty? Yes No

If Yes, please provide full details

31. Have any of the Proposers:

a) Ever had any insurance declined, cancelled or made the subject of special terms or conditions? Yes No

b) Lodged a claim on an insurance policy (other than for a motor vehicle or a life policy) during the past five (5) years? Yes No

c) Ever had a claim declined by an insurance company? Yes No

If Yes to a), b) or c), please provide full details

32. Have any of the Proposers arranged any other insurance through SURA Film and Entertainment or with any other insurer, which covers the subject matter of this Proposal? Yes No

If Yes, please provide full details

33. Have any of the Proposers entered into any agreement which would affect your right to make a claim against a responsible Third Party in the event of a claim under the insurance now being proposed? Yes No

If Yes, please provide full details

34. Is the financial interest of any other person or organisation (for example, a mortgagee or other financier, lessor or principal), to be noted on the policy? Yes No

If Yes, please provide full details

35. Have you or any Partner or Director of the business

a) Ever been declared bankrupt?

Yes No

If Yes, please provide full details

b) Been involved in a company or business which became insolvent or subject to any form of solvency administration?

Yes No

If Yes, please provide full details

DECLARATION AND AUTHORISATION

This Declaration must be signed by the intending insured as the Proposer(s). If the intending insured is a company, partnership or other business venture or involves more than one person or entity, then the person signing this declaration must be the one authorised to sign on behalf of all persons/entities identified as the intending insured.

Before completing this document, I/We have read and understood the information herein, including the Important Notices.

The answers given in this document and any other information supplied by the intending insured or by any other party on their behalf, are truthful and accurate.

I/We understand that SURA Film and Entertainment Pty Ltd are relying on information supplied herein to decide whether or not to accept or reject this risk and that no material information has been knowingly withheld.

I/We acknowledge that by submitting this completed Proposal Form (with any other information) I/ We consent that the insurer may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal Form. This consent remains valid until I/We alter or revoke it by written notice.

I/We also undertake to advise any changes to my/our personal information.

NAME OF FIRM

SIGNATURE

(This Proposal is be signed by a Principal, Partner or Director of the Proposed Insured)

TITLE OF SIGNATORY

FULL NAME

DATE
