

Film/Production Insurance Proposal Form

Name of Production Company:

Address:

City:

Postcode:

Telephone:

Email:

Applicant is:

Individual ☐

Partnership ☐

Corporation ☐

Experience of Applicant (Examples):

Productions are on:

Film ☐

Tape ☐

Both ☐

Film

%

Tape

%

Names and Addresses of:

Studios to be used:

Laboratories to be used:

Vaults to be used:

Cutting rooms to be used:

Estimated number of productions to be produced annually:

Types of Productions:

Estimated Gross Annual Production Costs:

Film \$

Tape \$

Total \$

Negative to be transported to processing lab:

Via:

Frequency:

Percentage of productions to be filmed outside Australia:

%

Maximum cost any one production: \$

Maximum length of time from start of photography to date of projection print for any one production:

Average estimated length of time from start of photography to date of projection print of all productions to be insured::

Maximum loss exposure in dollars any one occurrence: \$

Indicate if any of the following optional items are to be insured:

Story	<input type="checkbox"/>
Scenario	<input type="checkbox"/>
Music Rights	<input type="checkbox"/>
Sound Rights	<input type="checkbox"/>
Royalties	<input type="checkbox"/>
Continuity	<input type="checkbox"/>

Multi Risk – Description and values at risk: (Indicate whether owned or rented and give dollar amount breakdown)

	Owned	Rented (Maximum any one hire)	Totals
Props, Sets, Scenery, Costumes & Wardrobe	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Jewellery and Fine Arts	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cameras, Lenses, Sound, Lighting, Recording, Electrical, Editing, Projection and Other equipment	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Office Contents	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Duty of Disclosure

This Application Form can only be actioned once all questions have been answered and the declaration at the end of this Application Form has been signed and dated. Before entering into a contract of general insurance with an insurer, you have a duty to disclose to the insurer all matters you are aware of, or could reasonably be expected to be aware of, that are relevant to the insurer's decision whether to accept the risk and the terms that will be applied.

Failure in your Duty of Disclosure, or breach of any Policy condition or Warranty, could result in an otherwise legitimate claim being declined, a reduction in a claim settlement or your nondisclosure is fraudulent your Policies could be declared null and void from its inception.

The same duty of disclosure also applies in the event that you renew, extend, vary or reinstate your contract of insurance. If you are unsure what you should declare, contact Jardine Lloyd Thompson for further advice.

Privacy

Pursuant to the Privacy Act 1993 the following is brought to your attention:

You may have provided commercial and/or personal information about you and your organisation. The intended recipients of the information are your Insurers or prospective Insurers. The information has been collected to enable your Insurers and prospective Insurers to consider your application, determine policy terms, to assess a claim etc. The information is collected and held by Jardine Lloyd Thompson Limited and/or your Insurers and/or prospective Insurers. Jardine Lloyd Thompson Limited and/or your Insurers and/or prospective Insurers are hereby authorised to release this information to other parties who may be required to assist us or the insurers, these third parties may only use your personal information for the purposes provided to them (or if required by law). The collection of this information is required pursuant to the common duty to disclose all material facts relevant to your insurances. You have rights to access, and to correct, this information subject to the provisions of the Privacy Act 1993.

DECLARATION

I/We am not aware of any fact, circumstance, or incident existing or threatened that could possibly affect this insurance and might result in a claim under the proposed insurance, other than as disclosed above.

I/We confirm that to the best of my/our knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and correct and that I/we have not withheld any material facts. I/We understand that non-disclosure or mis-representation of a material fact, even if done innocently, may entitle the insurer to reduce its liability in relation to any claim made against the policy or to cancel the contract from inception.

NOTE. A material fact includes matters known to you (or could reasonably be expected to known) that is likely to influence acceptance or assessment of this proposal/application by underwriters. If you are in any doubt as to what constitutes a material fact or of your Duty of Disclosure you should consult JLT).

Name:

Title/Position :

Date:

Signature:

Please return the completed proposal form to:

Deborah Fisher
T +64 (0) 9 300 3763
M +64 (0) 21 902 864
deborah.fisher@jlt.co.nz

Christina Dimock
T +64 (0) 9 300 6665
M +64 (0) 21 990 430
christina.dimock@jlt.co.nz