



Proposal Form

Film Production

Important Information

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal.

Your Personal Details

Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Address of premises

Postcode

Telephone no

Fax no

Address for correspondence (if different)

Telephone no

Fax no

Email address

Business (please describe fully and provide full product information)

Year business established

Directors/Partners full names (where not shown)

Date on which insurance is to commence

Renewal date (if not 12 months from commencement date)

____/____/____

____/____/____

Cover Required

Please complete all sections under which coverage is required

Section A: Property – All Risks

Coverage: Accidental loss destruction or damage to property Insured as detailed below from whatever cause arising within the selected Territorial Limits.

1. Please insert Sums Insured (remembering that these should represent the full replacement value of the property at risk).

PROPERTY INSURED

a) Cameras, lighting, sound and ancillary equipment hired by the Assured or for which they are responsible. £ _____

b) Cameras, lighting, sound and ancillary equipment the property of the Assured or for which they are responsible £ _____

c) Props, sets and wardrobe the property of the Assured or for which they are responsible £ _____

d) Loss of hiring charges for which the Assured are responsible under Conditions of Hire £ _____

e) Production office contents and business equipment the property of the Assured or for which they are responsible £ _____

f) Other items (please describe in full) £ _____

TOTAL £ _____

2. Estimated annual Hiring Charges for hired equipment and props, sets and wardrobe? £ _____

3. Territorial Limits required

a) United Kingdom only Yes No

b) United Kingdom/Europe Yes No

c) Elsewhere Yes No

If YES please provide details

4. Is cover to include loss, destruction or damage attributable to acts of Terrorism? Yes No

Section A: Business Interruption – Increase in Cost of Working

Please insert the sum insured for a 12 month period during which compensation is to apply to enable the business to fully recover from serious loss or damage. Cover will be provided for the risks covered under Section A – Property

5. Increase in Cost of Working £ _____

6. Is cover to include interruption following loss, destruction or damage attributable to acts of Terrorism? Yes No

Section C: All Risks Negative, Digital & Videotape

Coverage: Loss destruction or damage to Property Insured from whatever cause arising whilst used or to be used in connection with the Production within the selected Territorial Limits. Please Insert Sums Insured (remembering that this should represent the maximum loss any one occurrence, being total amount of negative film without protection prints at any one time stored at one location)

PROPERTY INSURED

7. Film Negatives the property of the Assured or for which they are responsible (maximum per production) £ _____

8. Estimated Annual Production Costs £ _____

9. Productions shot on (percentage)

Film	Video	Digital
_____ %	_____ %	_____ %

10. Territorial Limits required

- a) United Kingdom only Yes No
- b) UK/Western Europe Yes No
- c) Elsewhere Yes No

If YES please provide full details

11. Is cover to include loss, destruction or damage attributable to acts of Terrorism? Yes No

Section D: Commercial Producers Indemnity

Coverage: Interruption postponement cancellation or abandonment of the Production within the selected Territorial Limits

Please insert Limit of Liability (remembering that this should represent the maximum loss any one occurrence)

12. Limit of Liability any one production £ _____

13 Estimated Annual Production Costs £ _____

14. Territorial Limits required

- a) United Kingdom only Yes No
- b) UK/Western Europe Yes No
- c) Elsewhere Yes No

If YES please provide full details

15. Is cover to include interruption, postponement, cancellation or abandonment attributable to acts of Terrorism? Yes No

Section E: Money

Coverage: Loss destruction or damage to Money from whatever cause arising within the selected Territorial Limits

Please insert Limit of Liability (remembering that this should represent the maximum loss any one occurrence)

16. Limit of Liability any one production £ _____

17. Territorial Limits required

- a) United Kingdom only Yes No
- b) UK/Western Europe Yes No
- c) Elsewhere Yes No

If YES please provide full details

Section F: Filming Liability

Coverage:

Employers Liability

Legal liability for death or bodily injury to employees arising in the course of the business of the Assured.

Limit of Indemnity £10,000,000 any one claim.

Please supply your Employers Reference Number _____

Public Liability

Legal liability to third parties for death, bodily injury or damage to property arising in the course of the business of the Assured

Please tick box for Limit of Indemnity required

Limit of Indemnity required any one occurrence?

£1,000,000 £2,000,000 £5,000,000

Other amount, please specify

£ _____

18. Territorial Limits required

- | | | |
|-------------------|------------------------------|-----------------------------|
| a) UK | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Western Europe | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Elsewhere | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If YES please provide full details

19. Estimated Production Costs (either annually or for specific shoot) incurred in the following areas:

- | | |
|-------------------------------------|---------|
| a) United Kingdom | £ _____ |
| b) Western Europe | £ _____ |
| c) Elsewhere (excluding USA/Canada) | £ _____ |
| d) USA/Canada | £ _____ |

Section G: Professional Indemnity

Coverage: Legal liability for damages and claimants costs and expenses made against the Assured during the Period of Insurance arising from their:

breach of duty of care

defamatory statements

Infringement of intellectual property rights

Breach of moral rights

Breach of confidentiality

and

the fraudulent malicious or dishonest acts of the Assured's employees

the loss of or damage to documents in the Assured's possession

Please insert Limit of Indemnity (remembering that this should represent the maximum loss any one occurrence inclusive of costs and expenses).

Limit of Indemnity required any one occurrence?

£250,000 £500,000 £1,000,000

Other amount, please specify

£ _____

b) UK/Western Europe

Yes No

c) Elsewhere

Yes No

If YES please provide full details

20. Estimated Annual Turnover

£ _____

21. Date upon which continuous PI coverage first purchased

Section H: General Questions

22. How many years have you been in this business?

_____ **Years**

23. Experience of Proposer (give examples of prior productions)

24. Are you members of the AFVPA.APA?

Yes No

25. Types of films to be produced (please tick)

Commercials Documentaries Educational Films Music Videos

Training Films Animated Films

26. Estimated number of productions to be produced annually?

27. Are production personnel Union members?

Yes No

28. Or non-Union members?

Yes No

29. Average frequency of processing negatives

_____ **Days**

30. Procedure for testing cameras, lenses, raw stock and equipment prior to commencement of filming or taping?

31. Brief description of Proposer's premises (e.g. single/multi occupancy, floors occupied, other business on premises)

32. Brief description of security protection at the Proposer's premises (e.g. fire and theft prevention equipment, window and door locks, alarms, video entry systems)

33. Have you or has any Director or Partner or Employee

a) been convicted of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery theft or handling stolen goods? **Yes** **No**

b) during the past 5 years traded in another name? **Yes** **No**

If YES, please provide details

INSURANCE HISTORY

34. Have you, or any other person to be Insured, held Insurance in the past 5 years for any of the risks against which you wish to Insure? **Yes** **No**

If YES, please provide details

35. Has any previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? **Yes** **No**

If YES, please provide details

LOSS/CLAIMS HISTORY

36. Have you or any other person to be Insured

a) Incurred any loss, destruction or damage or made a claim **Yes** **No**

b) Had any claim made against you by employees or other parties **Yes** **No**

If YES, please provide details

If YES, please provide details

Claim 1

Date _____ / _____ / _____ **Amount paid** **Amount Outstanding**
£ _____ **£** _____

Brief description of claim(s)

Claim 2

Date _____ / _____ / _____ **Amount paid** **Amount Outstanding**
£ _____ **£** _____

Brief description of claim(s)

Claim 3

Date _____ / _____ / _____ **Amount paid** £ _____ **Amount Outstanding** £ _____

Brief description of claim(s)

Section I: Payments

Do you wish to pay the premium by monthly instalments Yes No

If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants.

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax
The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section J: Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s): _____ **Date** _____ / _____ / _____

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.



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