

PROPOSAL FORM - FILM INSURANCE

Registered and Corporate Office : 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City,
Off Western Express Highway, Goregaon East, Mumbai 400063. Email : contactus@universalsampo.com
(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

Instruction to fill the Form

This proposal should be answered after detailed enquiry of all persons to be covered

1.This proposal must be completed, signed and dated by a Producer or Director.

2.You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets

3.If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

PERSONAL DETAILS

1. Name of the Production Company(Applicant):		
2. Address:		
City:	State:	Pin Code:
3. Phone Number:		
4. Email Address:		
5. Address Proof: Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>		
6. CKYC No:		
<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.		
7. Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>		
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")		
8. Applicant is (check all boxes that apply): <input type="checkbox"/> Producer <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer		
Others (Explain):		
9. Business (please describe fully):		
10. Directors/ Partners full names (where not shown):		
11. Date on which insurance is to commence:		
12. Date on which production is proposed to be complete:		
13. Retroactive Date:		
14. Cover and/ or Extensions required		
Coverages and Extensions	Y/N	Sum Insured
Section 1- Cast Non Appearance		
Section 2- Negative Film and Videotape Insurance		
Section 3- All Risks Equipment Cover		
Section 4- Extra Expenses		
Section 5- Money Insurance		
Section 6- Personal Accident		
Section 7- Public Liability- Property and Personal		
Section 8- Workmen's Compensation		
Section 9- Inclement Weather Conditions		
Section 10 – Animal Insurance		
Endorsement 1- Public Liability Overseas		
Reinstatement Value Clause for section 2, 3 , 4, 5 and 7		

15. Section 1- Cast Non Appearance				
a.Please provide details of the persons to be insured in the format below				
S. N.	Name of the Cast Members	Role in the project	Remuneration Paid	Sum Insured
b.Is the cast member suffering from any pre-existing diseases or illness? If yes, please provide details		Yes <input type="checkbox"/> No <input type="checkbox"/>		
c.Have any of the cast members been ever kidnapped or threatened to be kidnapped? If, yes, please provide details		Yes <input type="checkbox"/> No <input type="checkbox"/>		
d.Have any of the cast members filed insurance health/ accident claims? If yes, please provide details in below format		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss
e.If there is a difference between Remuneration paid and Sum Insured required, please provide reasons for same				
16. Section 2- Negative Film and Videotape Insurance				
Please note that the Sum Insured inserted will 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	Deductible	Sum Insured	Premium	
Film Negatives				
Estimated Production Costs				
Production shot on		In Percentage		
Video				
Film				
Territorial Limits required Please mention below				
17. Section 3- All Risks Equipment Costs				
Property Insured	Deductible	Sum Insured	Premium	
Props				
Wardrobes				
Camera				
Lighting				
Sound				
Sets				
Any other please specify				
Territorial Limits required Please mention below				
a. Do you want to avail Loss of Hiring Charges under this section?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. Section 4- Extra Expenses				
Property Insured	Deductible	Sum Insured	Premium	
Estimated Budget Costs				
Estimated Date of completion of project				
19. Section 5- Money Insurance				
Amount required to be Insured	Deductible	Sum Insured	Premium	
Estimated Budget Costs				
Territorial Limits required Please mention below				
20. Section 6- Personal Accident				
a.Please provide details of the persons to be insured in the format below				
Name of the Insured Person(s)	Role in the project	Remuneration Paid	Sum Insured	
b.Is the proposed Insured person suffering from any pre-existing diseases or illness? If yes Please provide the details		Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. Have any of the Insured persons filed insurance health/ accident claims?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Please provide the details in below format.				
Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss

Nominee Details (Applicable for policies bought by Individuals):

The nominee must be an immediate relative of the proposer. The nominee for all other Insured Persons proposed to be insured shall be the Proposer himself/herself.

Sr No	Name of Insured	Name of Nominee	Date of Birth	Age	Relationship	Gender (M/F/TG)	Mobile No / Email Id	Address of the Nominee	Bank A/C Details of Nominee

*If the Nominee is Minor, Name and relationship with minor.

Name of the Appointee	Relationship	Date of Birth	Age	Gender(M/F/TG)	Address of the Appointee

Note : (If the space provided is not sufficient separate sheet to be attached)

21. Section 7- Public liability- Property and Personal

Description of the property	Deductible	Sum Insured	Premium

Territorial Limits required Please mention below

22. Section 8- Workmen's Compensation

Name of the Employee	Limit of Indemnity

23. Section 9- Inclement Weather Conditions

Territorial Limits required Please mention below

a. Did you ever have to postpone a production due to inclement weather before? Please provide details if answer to the above question is yes	Yes <input type="checkbox"/> No <input type="checkbox"/>
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24. Section 10- Animal Insurance

Type of Animal	Limit of Indemnity

25. Section 11- Chartered Vehicles

Description of the Vehicle	Deductible	Sum Insured	Premium

Territorial Limits required Please mention below

a. Is there any existing Motor Insurance Policy covering the vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details	
b. Has there been any damage to the proposed vehicle before opting for cover	

under this Policy? If Yes, please provide details in below format

Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss

General Questions

1. How many years have you been in this business?	Years
2. Type of film to be produced	Commercial <input type="checkbox"/> Documentaries <input type="checkbox"/> Educational films <input type="checkbox"/> Music Video <input type="checkbox"/> Training Films <input type="checkbox"/> Animated films <input type="checkbox"/>
3. Procedure for testing cameras, lenses, raw stock and equipment prior to commencement of filming or taping?	
4. Brief description of Premises (e.g. single/ multi occupancy, floors occupied, other business on premises)	
5. Have you or has any director or Partner or Employee	
a. Been convicted or arson or any other offence involving dishonesty of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are involved in any other business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
6. Have you or has any director or partner in the business or any company in which you have an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangements with creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, please provide details			
7. Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? If Yes, please provide details such as Name of previous insurers, Policy number, expiry dates etc.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. 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? If Yes, please provide details		Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Loss/ Claims History			
In respect of any of the risks against which you wish to insure have you or has any Director or Partner			
a. Incurred any loss, destruction or damage whether insured or not?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. Had any claim made against you by employees or other parties (whether under a current or any previous trading name or interest) during the past 5 years?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide details			
Year	Brief description of claim	Amount paid	Whether Insured or not? (Y/N)
10. Are you aware of any circumstances which may lead to a claim against you in the future? (This should include any circumstance for which you may not feel you could be liable)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide details			
DETAILS OF THE RISK			
1. Policy Period: (DDMMYYYY)		Policy Start Sate	Policy End Date
2. Please mention the coverages/ endorsements you want to opt for under the Policy			
Endorsement	Y/ N	Sum Insured	Deductible
Public Liability -Overseas			
Reinstatement Value Clause(Section 2, 3, 4, 5 and 7)			
3. Estimated Costs: Please provide a break –up of costs as under			
a.Total Budget (attach Budget):			
b.Story and Scenario:			
c.Music & Sound Rights & Royalties:			
d.Total Negative Cost			
e.Post Production Costs:			
f.Net Insurable Production Costs			
Any other Cost involved:			

Premium Payment and Bank Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash			
Premium Amount Rs.		Amount (In Words):	
For Cheque/DD/PO (Payable in favour of Universal Sampo General Insurance Company Ltd)			
Name of the Account Holder:		Instrument Amount (Rs) :	
Instrument No.:		Bank A/C No.:	
Instrument Date:		Bank Name and Branch:	
IFSC Code :		UPI Id :	
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>			
Fund Transfer/Wallet :		Transaction No.	
PAN Number :		TAN Number :	
Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.			
BANK ACCOUNT DETAILS REQUIRED FOR REFUND OR CLAIM PURPOSE			
Name of Account holder			
Bank Name & Branch:			
Bank Account Number			
IFSC Code			

☐ **AML Declaration:**

- 1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002 and its subsequent amendments.
- 2.I understand that the company has the right to call for documents to establish the sources of funds.
- 3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- 4.Nationality: Indian ☐ Non-Indian ☐ If Non-Indian, please specify the country_____

☐ **Declaration**

- 1.I/We desire to insure with Universal Sompo General Insurance Company and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
- 2.I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
- 3.I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.
- 4.I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
- 5.I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
- 6.I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
- 7.I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).
- 8.I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
- 9.I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
- 10.**Go Green** - We would like to protect our environment and would like to save paper sending all Policy and service-related communication to the email id as mentioned in this form.
- ☐ By choosing this option, You wish to avail Physical Policy Copy.
11. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time
- 12.I/We hereby declare that I/We have understood the contents of this form and its particulars which have been explained to me in vernacular language.
13. ☐ I/We authorize the Company to share / verify the information provided by me/us pertaining to my proposal with rating agencies, third parties or services providers for the purpose of underwriting the proposal, issuance, servicing and claims settlement of the policy, thereafter.
- I hereby consent to and authorize Universal Sompo General Insurance Company Limited ("Company") and its representatives to collect, use, share and disclose information provided by me, as per the Privacy policy of the Company. Company or its representatives are also hereby authorised to contact me (including overriding my registry on NCPR/NDNC and/or under any extant TRAI regulations) and / or notify about the services being rendered by the Company.

Place:
Date:

Signature of Proposer

Disability Declaration

I/We hereby declare that a duly authorized representative appointed by me has explained details with respect to the proposal form, policy documents, terms and conditions and the EIA

Name of Representative:
Signature of Representative:

CKYC Declarations

- 1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC
- 2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place:
Date:

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai - 400708. Toll Free No : 1800 200 4030 / 1800 22 4030

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.
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