



Universal Sompo General Insurance Co. Ltd.

(A Joint Venture of All India Bank, India Overseas Bank, Kanaba Bank Limited, Bharat Investment Corp. and Sompo Japan Nipponkoa Insurance, Inc.)

Registered and Corporate Office: Unit No 401, 4th Floor, Saigam Complex, 127, Andheri Kurla Road, Andheri (East), Mumbai - 400 059, Maharashtra. Fax# 022 - 2921 1844, Email: contactus@universalsompo.com

PROPOSAL FORM - FILM INSURANCE POLICY

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.

1. Agent/Broker Name

2. Agent/Broker Code

PERSONAL DETAILS

1. Name of the Production Company (Applicant):

2. Address:

City:

Pin Code:

3. Phone Number:

4. Email Address:

5. Applicant is (check all boxes that apply): Producer Director Secretary Treasurer
Others (Explain):

6. Business (please describe fully):

7. Directors/ Partners full names (where not shown):

8. Date on which insurance is to commence:

9. Date on which production is proposed to be complete:

10. Retroactive Date:

11) 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- Inherent Weather Conditions

Section 10 - Animal Insurance

Endorsement 1- Public Liability Overseas

Reinstatement Value Clause for section 2, 3, 4, 5 and 7

12) 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
1				

b) Is the cast member suffering from any pre-existing diseases or illness? Y N If yes, please provide details _____

c) Have any of the cast members been ever kidnapped or threatened to be kidnapped? Y N If yes, please provide details _____

d) Have any of the cast members filed Insurance health/ accident claims? Y N If yes, please provide details in below format

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 _____

13) 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

- 1
- 2

14) Section 3- All Risks Equipment Costs

Property Insured	Deductible	Sum Insured	Premium
Props			
Winchrobes			
Camera			
Lighting			
Sound			
Sets			
Any other please specify			

Territorial Limits required Please mention below

- 1
- 2
- 3

- a. Do you want to avail Loss of Hiring Charges under this section? Y N
b. Do you want to avail Loss of Hiring Charges under this section? Y N

15) Section 4- Extra Expenses

Property Insured	Deductible	Sum Insured	Premium
Estimated Budget Costs			
Estimated Date of completion of project			

DD/MM/YYYY

15) Section 5- Money Insurance

Amount required to be Insured	Deductible	Sum Insured	Premium
Estimated Budget Costs			

Territorial Limits required Please mention below

1
2**17) Section 6- Personal Accident**

a. Please provide details of the persons to be insured in the format below

S. N.	Name of the Insured Person(s)	Role in the project	Remuneration Paid	Sum Insured
1				

b. Is the proposed Insured person suffering from any pre-existing diseases or illness? Y N
If yes, please provide details.c. Have any of the Insured persons filed insurance health/ accident claims? Y N
If yes, please provide details in below format

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

18) Section 7- Public Liability- Property and Personal

Description of Property	Deductible	Sum Insured	Premium

Territorial Limits required Please mention below

1
2**19) Section 8- Workmen's Compensation**

S. N.	Name of the Employee	Limit of Indemnity

20) Section 9- Inherent Weather Conditions

Territorial Limits required Please mention below

1
2a. Did you ever have to postpone a production due to inherent weather before? Y N
Please provide details if answer to the above question is yes.

21) Section 10- Animal Insurance

S. N.	Type of Animal	Limit of Indemnity

22) Section 11- Chartered Vehicles

Description of Vehicle	Deductible	Sum Insured	Premium

Territorial Limits required Please mention below

- 1
- 2

General Questions

1) How many years have you been in this business? years

2) Type of film to be produced
 Commercial Documentaries Educational films Music Video Training Films Animated films

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 Y N

b. Are involved in any other business? Y N
 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? If Yes, please provide details Y N

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. Y N

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. Y N

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? Y N

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? Y N 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 circumstances for which you may not feel you could be liable) Y N If Yes, please provide details

DETAILS OF THE RISK

1. Policy Period: [DDMMYY]

Policy Start Date:

Policy End Date:

2. Please mention the coverages/ endorsements you want to opt for under the Policy

Endorsement	Y/ N	Sum Insured	Deductible	Premium
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	
g. Any other Cost involved:	

DECLARATION

I/ We the undersigned hereby declare that the above statement and particulars are true and complete and further declare that I/We have not withheld any information which is calculated to influence the decision of the company in accepting the insurance and agree that this declaration shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

Dated at _____ this _____ day _____ of _____ 20 _____

Please Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the Company.

SECTION 41 OF INSURANCE ACT, 1938

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 of risk relating to lives or property in India, any rebate of 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 published prospectuses 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