SURA FILM AND ENTERTAINMENT PTY LTD

LEVEL 14 / 141 WALKER ST NORTH SYDNEY NSW 2060 PO BOX 1813 NORTH SYDNEY NSW 2059 FILM AND ENTERTAINMENT CONTENT MEDIA (SHORT TERM) PROPOSAL FORM NZ



CONTENT MEDIA (SHORT TERM) 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. | | Facsimil | e No. | | | | | |
| | Email Address | | | | | | | | |
| 4. | Proposer is | (A) Individual | ☐ (B) F | artnersl | hip | ☐ (C) | Compa | any | |
| 5. | Number of Employees | | | | | | | | |
| 6. | Is the Proposer registered f | for GST? | | | | | | ☐Yes | □No |
| | GST Registration No. | | | | | | | | |
| 7. | Experience of Proposer (Ex | amples) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 8. | Title of Production | | | | | | | | |
| 9. | Production Type (e.g. TVC, | Doco) | | | | | | | |
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| | | | | | | | | | |
| 10. | Total Production Costs (Ple | ase attach a copy of the Pro | oduction Budget | and Syn | nopsis) | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 11. | Period of Cover | | From | | / | То | / | | |
| | Period of Shoot | | From | / | / | То | / | / | |
| | Is Fire coverage required? | | | | | | | Yes | □No |
| | What format of Content Me | edia is to be used? | | | | | | | |
| 15. | Will both the Content Medi Principal photography? | a and camera equipment b | e tested prior to (| commer | ncement of | : | | □Yes | □No |
| | If No, please explain | | | | | | | | |
| | | | | | | | | | |
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| 16. | Но | How will Content Media be transported to the processing laboratory (e.g. road, rail, air) | | | |
|-----|-------|---|--------------------------------------|--------------------|--|
| 17. | Но | How frequently will Content Media be: | | | |
| | a) | Transported | | | |
| | b) | Processed | | | |
| | c) | Views | | | |
| | 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 | |
| 18. | Geo | ographical Limits Required | ☐ Australia wide | ☐ New Zealand wide | |
| | | | ☐ Australia & New Zealand | ☐ Worldwide | |
| 19. | Wh | nere will most of the shooting take place? (Please attach a lis | st of all shooting locations if avai | ilable) | |
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| 20. | If th | ne Proposer is a partnership, please provide the names and | addresses of each partner | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| 21 | lf tk | ne Proposer is a company or a private business venture, oth | er than a partnership please sui | nnlv | |
| | | names and addresses of each director | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 22. | | ve any of the Proposers ever been convicted of a criminal of erwise involving dishonesty? | ffence relating to arson, fraud or | ☐ Yes ☐ No | |
| | If Y | es, please provide full details | | | |
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| 23. | Ha | ve 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 Y | es to a), b) or c), please provide full details | | |
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| | | | | |
| _ | | | | |
| 24. | | ve any of the Proposers arranged any other insurance through SURA Film and Entertainment with any other insurer, which covers the subject matter of this Proposal? | Yes | □No |
| | If Y | es, please provide full details | | |
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| | | | | |
| 25. | ma | ve any of the Proposers entered into any agreement which would affect your right to lke a claim against a responsible Third Party in the event of a claim under the insurance now ng proposed? | □Yes | □No |
| | If Y | 'es, please provide full details | | |
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| | | | | |
| 26. | | he financial interest of any other person or organisation (for example, a mortgagee or other ancier, lessor or principal), to be noted on the policy? | ☐Yes | □No |
| | If Y | es, please provide full details | | |
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| 27. Have you or any Partner or Director of the business | | | | |
|---|--|------------|--|--|
| a) | Ever been declared bankrupt? | ☐ Yes ☐ No | | |
| | If Yes, please provide full details | | | |
| | | | | |
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| | | | | |
| 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 | | | |
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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 | |