SURA FILM AND ENTERTAINMENT PTY LTD

LEVEL 14 / 141 WALKER ST NORTH SYDNEY NSW 2060 PO BOX 1813 NORTH SYDNEY NSW 2059

S U R A FILM AND ENTERTAINMENT

FILM AND ENTERTAINMENT PRODUCTION PROPERTY 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	Fax					
	Email						
4.	Proposer is (A) Individual	☐ (B) Partnership			(C) Compan	У	
5.	Number of Employees						
6.	Is the proposer registered for GST?					□Yes	\square No
	GST Registration No.						
7.	Occupation						
8.	Experience of Proposer						
9.	Period of Cover	From /	/	То	/	/	
10.	Geographical Limits Required	☐ New Zealand v	vide		Australia wi	de	
		☐ Australia and N	lew Zealand		Worldwide		
11.	a) Will equipment be loaned out, hired out or rented out?					☐Yes	□No
	b) Will equipment / props, sets and wardrobe / office conter	nts require fire cover	-?			☐Yes	□No
	If Yes, please provide copy of your Conditions of Business	s with this proposal					
12.	Location to which equipment is returned when not in use and	lovernight					
13. Indicate by ticking if following security measures are in place at premises where equipment usually resides							
	Deadlocks on all external doors	☐ Keyed locks or	all windows				
	☐ Local alarm	☐ Monitored alar	m				
14. Indicate by ticking if following security is in place whilst equipment is locked in a motor vehi		motor vehicle	!				
	☐ Engine immobiliser	☐ Full metal jack	et				
	Alarm	☐ Metal cage					
15.	Will equipment be left in a motor vehicle overnight?					□Yes	□No
	If Yes, will motor vehicle be parked in a locked garage?					Yes	□No

16. Do all major items h	ave protective transpo	rt casing?		☐ Yes ☐ No
If No, how are items	protected for transpo	rt?		
MISCELLANEOUS EQUIP	PMENT SCHEDULE			
DESCRIPTION OF MAKE AND MODEL	SERIAL NO.	YEAR PURCHASED	ORIGINAL PRICE	SUM INSURED
	_		\$	\$
	_		\$	\$
			\$	\$
			\$	\$
	_		\$	\$
	_		\$	\$
			\$	\$
	_		\$	\$
	_		\$	\$
	_		\$	\$
			\$	\$
	_		\$	\$
	_		\$	\$
	_		\$	\$
			\$	\$
			<u>\$</u>	\$
	_		\$	\$
Please use additional sh	eets as needed			
Note: Each item needs	to be insured for its fu	ıll replacement value		
17. Total sums insured				
a) Owned equipme	ent			\$
b) Non-owned equ	iipment			\$
c) Office contents				\$
d) Props, sets and	wardrobe			\$

18.	Will any equipment be exposed to hazardous materials, used in stunts or involved in any hazardous activities (e.g. mounted to motor vehicles, shooting from aircraft or watercraft)?	☐ Yes ☐ No
	If Yes, please provide full details	
19.	If the Proposer is a partnership, please provide the names and addresses of each partner	
20.	If the Proposer is a company or a private business venture, other than a partnership, please supply the names and addresses of each director	
21.	Have any of the Proposers ever been convicted of a criminal offence relating to arson, fraud or otherwise involving dishonesty?	☐ Yes ☐ No
	If Yes, please provide full details	
22.	. Have 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 5 years?	☐ Yes ☐ No
	c) Ever had a claim declined by an insurance company?	☐ Yes ☐ No
	If Yes to a), b) or c), please provide full details	
	Thres to all, by or el, pieuse provide run details	
23.	Have any of the Proposers arranged any other insurance through SURA Film and Entertainment or with any other insurer, which covers the subject matter of this proposal?	☐ Yes ☐ No
	If Yes, please provide full details	

24.	. Have any of the Proposers entered into any agreement which would affect your right to make a claim against a responsible Third Party in the event of a claim under the insurance now being proposed?	☐ Yes ☐ No
	If Yes, please provide full details	
 25.	. Is the financial interest of any other person or organisation (for example, a mortgage or other financier, lessor or principal), to be noted on the policy?	☐ Yes ☐ No
	If Yes, please provide full details	
26.	. Have you or any Partner or Director of the business	
	a) Ever been declared bankrupt?	☐ Yes ☐ No
	If Yes, please provide full details	
	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	

Please note: Questions 21 to 24 also apply to any person identified in answers to Questions 19 and 20.

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	