# SURA FILM AND ENTERTAINMENT PTY LTD

LEVEL 14 / 141 WALKER ST NORTH SYDNEY NSW 2060 PO BOX 1813 NORTH SYDNEY NSW 2059 SHORT FILMS, TV COMMERCIALS, DOCUMENTARIES AND MUSIC VIDEOS PROPOSAL FORM



# SHORT FILMS, TV COMMERCIALS, DOCUMENTARIES AND MUSIC VIDEOS PROPOSAL FORM

### **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**

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

### **PRIVACY**

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

# **GENERAL INSURANCE CODE OF PRACTICE**

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

For further information on the Code, please visit www. codeofpractice.com.au or alternatively you can request a brochure on the Code from SURA Film and Entertainment Pty Ltd.

# SHORT FILMS, TV COMMERCIALS, DOCUMENTARIES AND MUSIC VIDEOS PROPOSAL FORM Name of Proposer Address 3. Telephone No. Facsimile No. **Email Address** Proposer is: (A) Individual (B) Partnership (C) Company Number of Employees ☐ Yes ☐ No Is the Proposer registered for GST? **ABN** ITC % Experience of Proposer (examples) Title of Production Production Type (e.g. TVC, Doco) 10. Storyline (Attach synopsis) 11. What format of Content Media is to be used? 12. Name and Address of: Studio(s) to be used Cutting room(s) to be used b) Laboratory(s) to be used C) Vault(s) to be used 13. Are any special film processes, special film or specialised equipment being used in this production? ☐ Yes ☐ No e.g. imax, animation, cgi, steadycam, underwater, overwater, aerial photography, etc. If Yes, please explain ☐ Yes ☐ No 14. Will both Content Media and camera equipment be tested prior to commencement of Principal Photography?

If No, please explain

15. How will Content Media be transported to the processing lab	boratory? (	e.g. road	l, rail, air)			
16. How frequently will Content Media be:						
a) Transported						
b) Processed						
c) Viewed						
d) If not daily, explain in detail how frequently Content Med	lia will be p	orocesse	d and viewe	d		
e) Will results be viewed daily on a colour monitor?						∐Yes ∐No
17. Location to which equipment is returned when not in use			: !- ! - ⊃			
18. What measures will be taken to protect equipment while in u	use and wi	no is resp	oonsible?			
19. Production Schedule						
REQUIRED PERIODS OF INSURANCE	FROM			TO		
Commencement of pre-production		/	/		/	/
Commencement of principal photography		/	/		/	/
Post-production to estimated completion of protection print or duplicate tape		/	/		/	/
20. Estimated Cost						
a) Total Budget (attach budget and synopsis):	\$					
b) Story, Scenario, Music, Sound Rights & Royalties:	\$					
c) Total Negative Cost (a – b)	\$					
d) Post Production Cost:	\$					
e) Net Insurable Production Cost (c – d):	\$					
f) Estimated Cost per Episode (if applicable):	\$					
21. List of deferments, if any						
PAYEE	AMOUN	T				
	\$					
	\$					

22. 0	Geographical Limits Required		☐ Australia wide	☐ New Zealand wide		
			☐ Australia & New Zealand	☐ Worldwide		
23. V	23. Where will the shooting take place? (Please attach a list of all shooting locations if available)					
	Describe stunts, scenes involving animals, motorains/railroad or any other hazardous activities			xplosives, pyrotechnics, use of		
25. C	Cast Coverage					
NAME		AGE	ROLE	PERIOD OF COVER		
26. A	Are any persons covered involved in any hazaro	lous activity?		☐ Yes ☐ No		
I1	Yes, please provide full details					
27. A	Are any special conditions, contract requiremen	nts or stop dates	on persons to be covered?	☐ Yes ☐ No		
	Yes, please provide full details					

TYPE OF COVER  SUM INSURED (LIMIT ANY ONE OCCURRENCE)  1) Film Producers Indemnity (Cast)  \$ 2) Content Media  \$ 3) Extra Expense  \$ 4) Production Property  a) Owned Equipment  b) Non Owned Equipment  c) Office Contents  d) Props, Sets, Wardrobe and Scenery  \$ 5) Money  \$ 6) Liability  \$	10
2) Content Media \$ 3) Extra Expense \$ 4) Production Property \$ a) Owned Equipment \$ b) Non Owned Equipment \$ c) Office Contents \$ d) Props, Sets, Wardrobe and Scenery \$ 5) Money \$	
\$ Say Sextra Expense \$ Say Sex	
4) Production Property \$  a) Owned Equipment \$  b) Non Owned Equipment \$  c) Office Contents \$  d) Props, Sets, Wardrobe and Scenery \$  5) Money \$	
a) Owned Equipment \$ b) Non Owned Equipment \$ c) Office Contents \$ d) Props, Sets, Wardrobe and Scenery \$ 5) Money \$	
b) Non Owned Equipment \$  c) Office Contents \$  d) Props, Sets, Wardrobe and Scenery \$  5) Money \$	
c) Office Contents \$ d) Props, Sets, Wardrobe and Scenery \$ 5) Money \$	
d) Props, Sets, Wardrobe and Scenery \$ 5) Money \$	
5) Money \$	
6) Liability \$	
29. Currency Required AUD NZD	
30. If any individual item insured under Production Property above is valued in excess of \$100,000, give details	
31. Estimated time needed to reconstruct destroyed sets of scenery	
32. What other location or studio facilities are or will be immediately available as an alternative?	
33. Do all independent contractors have their own public liability coverage?	10
If No, please explain	
34. Are any non employees (e.g. re-enactors, contestants etc.) involved in the production?	
If Yes, please explain	
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35. If the Proposer is a partnership, please provide the names and addresses of each partner	
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36.	If the Proposer is a company or a private business venture, other than a partnership, please supply the names and addresses of each director	
 37.	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	
38.	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 five (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	
39.	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?  If Yes, please provide full details	□Yes □ No
40.	Have any of the Proposers entered into any agreement which would affect your right to make a claim again a responsible Third Party in the event of a claim under the insurance now being proposed?	nst
	If Yes, please provide full details	
41.	Is the financial interest of any other person or organisation (for example, a mortgagee or other financier, lessor or principal), to be noted on the Policy?  If Yes, please provide full details	□ Yes □ No

ve you or any Partner or Director of the business	
Ever been declared bankrupt?	☐ Yes ☐ No
If Yes, please provide full detail	
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	
	If Yes, please provide full detail  Been involved in a company or business which became insolvent or subject to any form of solvency administration?

Please note: Question 37 to 40 also apply to any person identified in answers Questions 35 and 36.

## **DECLARATION AND AUTHORISATION**

I/We also undertake to advise any changes to my/our personal information.

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.

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