

Annual media proposal form

PLEASE COMPLETE IN FULL

Please complete in block capitals. Use additional paper where necessary. Ensure all questions are fully answered.

Applicant Information

1. Name of production company

2. Address (including postal/zip code)

Postcode

3. The applicant is

An individual
 A partnership
 A corporation

(If the applicant is a corporation, please provide the following names):

President <input style="width: 100%;" type="text"/>	Vice President <input style="width: 100%;" type="text"/>
Secretary <input style="width: 100%;" type="text"/>	Treasurer <input style="width: 100%;" type="text"/>

4. Experience of applicant (*examples*)

5. Years in this business

6. (a) Previous insurer

- (b) Has the applicant ever had any production insurance declined or cancelled in the past five (5) years?

Yes No

If 'Yes' please explain

- (c) Describe any previous losses over £5,000 (*insured or uninsured*) sustained by the Producer in the past five (5) years

7. Premium audit contact Phone No ()

8. Are productions on film, tape or both? State percentage of each

Film %
Tape %

9. Production personnel are

Union members
 Non-union members

10. Estimated number of productions to be produced annually

11. Estimated gross annual production costs Tape Film Total

12. Is any post-production work done for others? Yes No

Estimated annual receipts (*Attach a copy of contract*) £

13. Types of films to be produced

Commercials

Documentaries

Educational Films

Training Films

Music Videos

Animated Films

Other (*please describe*)

14. Maximum cost any one production £

15. Maximum loss exposure any one occurrence £

(*Total amount of negative film without protection prints at any one time stored at one location*)

16. Maximum length of time any one production from start of photography to date of protection print

(*If over ninety (90) days, please explain*)

17. Average estimated length of time from start of photography to date of protection print of all productions to be insured

18. Are projects scheduled or anticipated to be produced outside of Western Europe? Yes No

If 'Yes' please explain

Coverage Requested

Negative film and other media

Name and location of principal

(a) Laboratories to be used

(b) Vaults to be used

(c) Cutting rooms to be used

(d) Average distances of shooting locations to laboratory

Limit of Coverage £

Faulty stock, camera and processing

Explain procedures the applicant follows in testing cameras, lenses, raw stock and equipment to prove them to be sound prior to commencement of filming or taping

Number of days filmed material is accumulated prior to processing

Limit of Coverage £

If filming on HD

(a) How often will footage be played back and checked?

(b) What size monitor will footage be checked on?

(c) Describe quality control procedures to be used in the checking process

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc.)

Yes

No

Limit of Coverage

£

Props, sets and wardrobe

Full 100% value of

(a) owned

£

(Attach schedule)

(b) rented

£

(Maximum value at any one time)

Limit of coverage

(a) owned

£

(b) rented

£

Miscellaneous equipment

Full 100% value of

(a) owned

£

(Attach schedule)

(b) rented

£

(Maximum value at any one time)

Limit of coverage

(a) owned

£

(b) rented

£

Brief description of protection of property on the Applicant's premises; (fire fighting equipment, watchman, alarm, etc.)

Location to which miscellaneous equipment and props, sets and wardrobe will be returned when not in use

Property of others

Brief description of property (other than miscellaneous equipment, props, set, etc.) or facilities to be used in connection with the production for which the applicant may be responsible

Limit of coverage

£

Extra expense

(as a result of loss or damage to property or facilities used in connection with the insured production(s))

Estimated time needed to reconstruct destroyed sets or scenery

Estimated time needed to replace lost or destroyed equipment

What alternative location or studio facilities would be immediately available?

Limit of coverage

£

Office contents

Full address of premises/location(s)

Postcode

Full 100% value of owned

(Attach schedule)

Limit of coverage owned

Money

Maximum amount of cash on hand at any one location

Total cash on hand at all time and all locations

Brief description of protection/safes and of premises where money will be kept

Limit of coverage

Employers' liability

Give details of any non-UK national employees

Estimated total payroll

General commercial liability

Limit of coverage

Other coverages

(Please describe)

Important

1. This policy does NOT cover the Insured for costs for talent, services or facilities provided by other and not budgeted and paid for by the Insured, unless specifically declared and endorsed onto the policy.
2. At any time during the policy period, if conditions, hazards or exposures are or will be materially increased, the Insured is required to immediately notify the Company. Special terms and conditions (extensions or restrictions of coverage) may be applied and the policy must be specifically endorsed for such coverage to become effective.
3. The policy contains a limitation as respects accumulated unprocessed negative film, (3 shooting days or 5 consecutive days, whichever is less), unless otherwise specifically declared and endorsed onto the policy.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in the true statements of the facts.

Date:	<input type="text"/>	Applicant:	<input type="text"/> <i>(Authorised representative)</i>
By:	<input type="text"/>	Title:	<input type="text"/>
Broker/Agent:	<input type="text"/>	Address:	<input type="text"/>
Contact:	<input type="text"/>	Telephone no.:	<input type="text"/>

Please send completed application with any attachments.

Data Protection

Travelers Insurance Company Limited will collect certain information about individuals within or connected to your company and any subsidiaries (“data subjects”) in the course of considering your application and, if we issue a policy, in conducting our relationship with you. This information will be processed for the purpose of underwriting your insurance coverage, managing any policy issued, providing risk management advice and administering claims. We may pass the information to our reinsurers, legal advisers, loss adjusters or agents for these and other purposes. This may involve the transfer of the information to countries which do not have data protection laws.

Some of the information we collect may be classified as ‘sensitive’ — that is, information about disciplinary proceedings, convictions, sentences or alleged criminal activities. Data protection laws impose specific conditions in relation to sensitive information including, in some circumstances, the need to obtain the explicit consent of data subjects before we process the information.

Data subjects have a right of access to, and correction of, information that we hold about them. If they would like to exercise either of these rights, they should contact our Data Protection Compliance Officer at Exchequer Court, 33 St. Mary Axe, London EC3A 8AG.

By signing this application you confirm the consent of the data subjects to the processing and transfer of information (including sensitive information) described in this notice, and that you have taken all steps necessary to inform them of our processing and your disclosure of information to us for the purposes described above. Without this consent and your confirmation of these matters, we would not be able to consider your application.

Please use this space to disclose any further relevant information or if there is insufficient space available to answer any of the questions fully, clearly identifying the question number in each case.

