

# Film

Proposal form



# **FILM PRODUCTION**

# **Proposal Form**

### **Production Details**

| Title of Production                                |  |
|--|--|
| Type of Production                                 |  |
| Production Company                                 |  |
| Synopsis   |  |
| Address  |  |
| Production Senior Management Contact               |  |
| (Person responsible for Management Decisions       |  |
| and is Aware of Production Activities)             |  |
| Production Company Contact & Email Address         |  |
| Production Company Telephone Number                |  |
| Employer Reference Number (ERN)                    |  |
| (this is compulsory for Employers' Liability cover |  |
| under your policy)                                 |  |
| Insurable Budget (ex production fee, overheads,    |  |
| music and archive) <b>Please provide a copy</b>    |  |
| Pre-Production Start Date                          |  |
| Period of Filming Dates & No of Days               |  |
| Delivery/Completion Date                           |  |
| Gross Budget Costs (please attach budget)          |  |
| Countries where filming                            |  |
| Format   |  |
| Processing Laboratory/Facilities House             |  |
| Studio (if applicable)                             |  |
| Are any hazardous activities being undertaken      |  |
| by personnel on the production and or any          |  |
| aspects of hazardous filming, e.g. SFX, fire,      |  |
| explosions or pyrotechnics, stunts?                |  |
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# Cast Insurance - Insured Persons (key personnel) — up to a maximum of 25 Individuals

| No.   | Name   | Age          | Role                           |       |      |
|---|--|--------------|--------------------------------|-------|------|
| 1.  |  | U            |                                |       |      |
| 2.  |  |              |                                |       |      |
| 3.  |  |              |                                |       |      |
| 4.  |  |              |                                |       |      |
| 5.  |  |              |                                |       |      |
| 6.  |  |              |                                |       |      |
| 7.  |  |              |                                |       |      |
| 8.  |  |              |                                |       |      |
| 9.  |  |              |                                |       |      |
| 10.   |  |              |                                |       |      |
| 11.   |  |              |                                |       |      |
| 12.   |  |              |                                |       |      |
| Are t   | here any persons under the age of 6 years or o                         | over the a   | ge of 70 years?                | ☐ Yes | □ No |
|   | here any persons that would cause a major de<br>ellation of the shoot. | elay, are ir | replaceable so cause           | ☐ Yes | □ No |
|   | swered "Yes" to any of the above please provi                          | de further   | information below              |       |      |
|   |  |              |                                |       |      |
|   |  |              |                                |       |      |
|   |  |              |                                |       |      |
|   |  |              |                                |       |      |
|   |  |              |                                |       |      |
|   |  |              |                                |       |      |
| Limi  | ts / Cover required  |              |                                |       |      |
| Liiiii  | ts / cover required  |              |                                |       |      |
|   |  |              |                                |       |      |
| Sum   | Insured Currency   |              | ☐ GBP ☐ I                      | EUR   |      |
| Juin  | modred carrency  |              | □USD□                          | Other |      |
| If oth  | ner please specify   |              |                                |       |      |
|   |  |              |                                |       |      |
| Cove  | erage Section  |              | Limit of Liability/Sums Insure | ed    |      |
|   | ast (Number of Cast )  |              |                                | · •·  |      |
|   | ly Bereavement Cover (5days)   |              |                                |       |      |
|   | Production Cast  |              |                                |       |      |
|   | All Risks of Physical Damage to Media                                  |              |                                |       |      |
|   | Faulty Media Equipment and Processing                                  |              |                                |       |      |
| 3. A. Props Sets and Wardrobe                   |  |              |                                |       |      |
| 3. B. Miscellaneous Equipment                   |  |              |                                |       |      |
| Owned Equipment                                 |  |              |                                |       |      |
| 3.C. Property of Others                         |  |              |                                |       |      |
| Continuing Hire Charges (Loss of Use) Extension |  |              |                                |       |      |
| 3.D Extra Expenses                              |  |              |                                |       |      |
| 4. Office Contents                              |  |              |                                |       |      |
|   | mmercial Vehicle Physical Damage                                       |              |                                |       |      |
|   | eneral Commercial Liability  |              |                                |       |      |
|   | 8 Employers' Liability   |              | ☐ Yes                          | □ No  |      |

## Money / Production Cash

| Is cover required?   | ☐ Yes ☐ No                      |  |  |
|--|---------------------------------|--|--|
| Coverage Section   | Limit of Liability/Sums Insured |  |  |
| 1) Used National insurance stamps, national savings certificates, Premium savings bonds, franking machine impressions, VAT Input documents, debit/credit/charge cards sales vouchers, Luncheon vouchers, trading stamps, revenue stamps, crossed Warrants comprising cheques, travellers cheques, bankers drafts, postal orders, money orders, national giro drafts, payment orders, securities for money, stamped national insurance cards, war bonds, travel tickets, travel tickets, travel warrants, authenticated travel certificates, telephone paycards, customer redemption vouchers and bills of exchange |                                 |  |  |
| 2) Money other than as described in 1 above - On the Premises  |                                 |  |  |
| During Business Hours  |                                 |  |  |
| Not contained in locked safe or strongroom outside Business Hours  |                                 |  |  |
| Contained in any locked safe or strongroom outside Business Hours  |                                 |  |  |
| Contained in any locked safe or strongroom outside Business Hours  |                                 |  |  |
| Not on Premises  |                                 |  |  |
| In bank night safe   |                                 |  |  |
| At directors partners or authorised Employees private dwelling houses  |                                 |  |  |

### Personal Accident (Assault)

| Is cover required?                              | ☐ Yes ☐ No                          |  |
|---|-------------------------------------|--|
| Contingencies                                   | Standard Benefit                    |  |
| Death   | EUR 25,000 / GBP 25,000             |  |
| Permanent loss of all sight in one or both eyes | EUR 25,000 / GBP 25,000             |  |
| Loss of one or more limbs                       | EUR 25,000 / GBP 25,000             |  |
| Temporary total disablement                     | EUR 250 per week / GBP 250 per week |  |
| (Payable at four-weekly intervals               |                                     |  |
| Permanent and total disablement                 | EUR 25,000 / GBP 25,000             |  |

### Further Production Information

| Will motor insurance be required?  Note We can cover at an additional cost per vehicle per week in the UK Only. If overseas then local motor insurance needs to be arranged by crew.  If staff are using their own vehicles, ensure they have necessary business use cover. | ☐ Yes | □ No |
|---|-------|------|
| If filming overseas, will spare camera &/or body be taken?  | ☐ Yes | □ No |
| How often will rushes be returned for processing/editing.   |       |      |
| Is footage viewed and backed up daily to a second drive on location?  | ☐ Yes | □ No |
| Will there be any filming involving the use of aircraft or marine craft?  | ☐ Yes | □ No |
| Are you filming in or around water?   | ☐ Yes | □ No |
| Is Foreign Travel Insurance required?   | ☐ Yes | □ No |
| Will filming take place in the USA/Canada?  | ☐ Yes | □ No |
| Will any non-UK citizens be hired in the United Kingdom? Note: UK Employers Liability excludes non-UK citizens and therefore additional cover may need to be effected   | ☐ Yes | □ No |
| Will any non-UK citizens be hired outside the United Kingdom? Note: UK Employers Liability excludes non-UK citizens and therefore additional cover may need to be effected to meet local requirements   | ☐ Yes | □ No |
| Please confirm that no person engaged on the production has or has had any Criminal Convictions or been Declared Bankrupt?  | ☐ Yes | □ No |

| If Yes for any of the above, please provide details below   |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
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| of the risks to their business. This is of and the persons responsible for arran  | presentation of the risk to an insurer based on their reasonable understanding one which clearly discloses all material facts which their senior management aging their insurance know, or ought to know, following a reasonable search of uld include all facts that would influence the judgement of the insurer or that it needs to make further enquiries. |  |  |  |
| A material circumstance is defined as   | :  |  |  |  |
| <ul> <li>Special or unusual circumstances relating to the risk;</li> <li>Any particular concerns which led them to seek insurance cover for the risk; and</li> <li>Anything which those concerned with the class of insurance and field of activity in question would generally understand as being something that would be dealt with in a fair presentation of risks for this type of insurance.</li> </ul> |  |  |  |  |
| influence the insurer's decision to acc   | re that if they fail to disclose information, misrepresent any fact which may cept the risk or the terms offered, or fail to make a fair presentation to an cy and mean that claims may not be paid in full.   |  |  |  |
| Name:   |  |  |  |  |
| Company Name:<br>(if applicable)  |  |  |  |  |
| Position: (if applicable)   |  |  |  |  |
| Signature:  |  |  |  |  |
| Date:   |  |  |  |  |
|   | ease return the completed Proposal Form to:  @kerrylondonunderwriting.co.uk Tel: 0207 623 4957   |  |  |  |
|   | erwriting.co.uk 🕟 kerrylondonunderwriting.co.uk 🎳 @KerryLondonLtd in Kerry London Ltd  |  |  |  |

**Complete reassurance. Total support**