

Liability Proposal Form

Important Information

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 Information, 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

Cinesure Global 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

Before You enter into an insurance contract, You have a duty to tell Us of anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary, or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for;
- is of common knowledge;
- We know or should know as an insurer; or
- We waive Your duty to tell us about.

If You do not tell Us something

If You do not tell Us anything You are required to, we may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

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 Cinesure Global Pty Ltd.

1. Name of proposer

2. Address

3. Telephone

Mobile

Fax

4. Email

5. Proposer is

☐

(A) Individual

☐

(B) Partnership

☐

(C) Company

6. Number of employees?

7. Is the proposer registered for GST?

☐

Yes

☐

No

ABN

ITC

 %

8. Occupation?

9. Experience of proposer (Examples)

10. Basis of cover?

☐

Annual

☐

Short term

11. This question relates to short term policies only.

a) Title of production

b) Production type

12. Period of cover

From

 / /

To

 / /

13. Period of shoot

From

 / /

To

 / /

14. Proposers estimate of total annual gross production costs (if annual policy) or the gross production cost of this single production (if short term policy)?

\$

15. Limit of indemnity required?

☐

\$10,000,000

☐

\$20,000,000

16. Currency required?

☐

AUD

☐

NZD

17. List filming locations and exact dates spent at each location (short term policies only)

Please attach a list if space is not sufficient

18. Describe stunts, scenes involving animals, motor cycles, special vehicles, watercraft, aircraft, explosives, pyrotechnics, use of trains/railroad or any other hazardous activities: (attach copy of safety report)

19. Details of any contracts entered into with third parties

20. Geographical limits required?

☐

New Zealand wide

☐

Australia wide

☐

Australia and New Zealand

☐

Worldwide

21. If the proposer is a partnership, please provide the names and addresses of each partner

22. If the proposer is a company or a private business venture, other than a partnership, please supply the names and addresses of each director

Please note: Questions 23 to 26 also apply to any person identified in answers to Questions 21 and 22.

- 23.** 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

- 24.** 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

- 25.** Have any of the proposers arranged any other insurance through Cinesure Global or with any other insurer, which covers the subject matter of this proposal? ☐ Yes ☐ No

If yes, please provide full details

- 26.** 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

- 27.** Is the financial interest of any other person or organisation (for example, a mortgage or other financier, lessor or principal), fax to be noted on the policy? ☐ Yes ☐ No

If yes, please provide full details

28. Have you or any partner or director of the business

☐ Yes ☐ No

a) Ever been declared bankrupt?

If yes, please provide full detail

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 detail

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 authorised to sign on behalf of all persons/entities identified as the intending insured(s).

Before completing this document, I/We have read and understood the information herein.

I/We undertake to inform Cinesure Global Pty Limited of any material alteration to this information occurring before the proposed insurance commences.

I/We declare that the statements and particulars contained within this Proposal Form are true and that I/We have not mis-stated or suppressed any material facts.

I/We understand that Cinesure Global Pty Limited is 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 Cinesure Global Pty Limited may use and disclose my/our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. 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 Named Insured

Signature

(This Proposal is be signed by a Principal, Partner or Director of the Proposed Insured)

Title of signatory

Full name

Date

/ /