

**PROPOSAL FORM -  
FILM INSURANCE**



**Registered and Corporate Office :** Office No. 103, 1st Floor, Ackruti Star, MIDC Central Road, Andheri (East), Mumbai - 400 093, Maharashtra.  
Tel. : 022-41659800 / 900, Email : contactus@universalsampo.com  
(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

**Instruction to fill the Form**

This proposal should be answered after detailed enquiry of all persons to be covered

- 1.This proposal must be completed, signed and dated by a Producer or Director.
- 2.You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach additional sheets
- 3.If You have any questions concerning this proposal, please contact your insurance advisor or the Company to discuss.

Intermediary Name, Contact No, Code & Email		Intermediary Sales Persons Name, Contact No & Code	
Source Code/POS UID Aadhar No./PAN		Policy Issuing Office Address & Code	

**PERSONAL DETAILS**

1. Name of the Production Company(Applicant):		
2. Address:		
City:	State:	Pin Code:
3. Phone Number:		
4. Email Address:		
5. Address Proof: <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Others <input type="checkbox"/>		
6. CKYC No:		
<input type="checkbox"/> I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.		
7. Do you have an EIA Account? If Yes, Account Details : _____ If No, I would like to apply for EIA with <input type="checkbox"/> Karvy <input type="checkbox"/> CAMS <input type="checkbox"/> NSDL <input type="checkbox"/> CSDL <input type="checkbox"/>		
Are you a Politically Exposed Person? Yes <input type="checkbox"/> No <input type="checkbox"/> (Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")		
8. Applicant is ( check all boxes that apply): <input type="checkbox"/> Producer <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer		
Others (Explain):		
9. Business ( please describe fully):		
10. Directors/ Partners full names ( where not shown):		
11. Date on which insurance is to commence:		
12. Date on which production is proposed to be complete:		
13. Retroactive Date:		
14. Cover and/ or Extensions required		
Coverages and Extensions	Y/N	Sum Insured
Section 1- Cast Non Appearance		
Section 2- Negative Film and Videotape Insurance		
Section 3- All Risks Equipment Cover		
Section 4- Extra Expenses		
Section 5- Money Insurance		
Section 6- Personal Accident		
Section 7- Public Liability- Property and Personal		
Section 8- Workmen's Compensation		
Section 9- Inclement Weather Conditions		
Section 10 – Animal Insurance		
Endorsement 1- Public Liability Overseas		
Reinstatement Value Clause for section 2, 3, 4, 5 and 7		

15. Section 1- Cast Non Appearance

a. Please provide details of the persons to be insured in the format below

S. N.	Name of the Cast Members	Role in the project	Remuneration Paid	Sum Insured

b. Is the cast member suffering from any pre-existing diseases or illness?  
If yes, please provide details

Yes  No

c. Have any of the cast members been ever kidnapped or threatened to be kidnapped? If yes, please provide details

Yes  No

d. Have any of the cast members filed insurance health/ accident claims?  
If yes, please provide details in below format

Yes  No

Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss

e. If there is a difference between Remuneration paid and Sum Insured required, please provide reasons for same

16. Section 2- Negative Film and Videotape Insurance

Please note that the Sum Insured inserted will represent the maximum loss any one occurrence, being total amount of negative film without protection prints at any one time stored at one location

Property Insured	Deductible	Sum Insured	Premium
Film Negatives			
Estimated Production Costs			
Production shot on		In Percentage	
Video			
Film			

Territorial Limits required Please mention below

17. Section 3- All Risks Equipment Costs

Property Insured	Deductible	Sum Insured	Premium
Props			
Wardrobes			
Camera			
Lighting			
Sound			
Sets			
Any other please specify			

Territorial Limits required Please mention below

a. Do you want to avail Loss of Hiring Charges under this section?

Yes  No

18. Section 4- Extra Expenses

Property Insured	Deductible	Sum Insured	Premium
Estimated Budget Costs			
Estimated Date of completion of project			

19. Section 5- Money Insurance

Amount required to be Insured	Deductible	Sum Insured	Premium
Estimated Budget Costs			

Territorial Limits required Please mention below

20. Section 6- Personal Accident

a. Please provide details of the persons to be insured in the format below

Name of the Insured Person(s)	Role in the project	Remuneration Paid	Sum Insured

b. Is the proposed Insured person suffering from any pre-existing diseases or illness? If yes Please provide the details

Yes  No

c. Have any of the Insured persons filed insurance health/ accident claims?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, Please provide the details in below format.				
Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss
Please give details of nomination:				
Name of Nominee	Age	Relationship	Name of Appointee (If Nominee is a minor)	Relationship with the nominee
<b>21. Section 7- Public liability- Property and Personal</b>				
Description of the property	Deductible	Sum Insured	Premium	
Territorial Limits required Please mention below				
<b>22. Section 8- Workmen's Compensation</b>				
Name of the Employee	Limit of Indemnity			
<b>23. Section 9- Inclement Weather Conditions</b>				
Territorial Limits required Please mention below				
a. Did you ever have to postpone a production due to inclement weather before? Please provide details if answer to the above question is yes	Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>24. Section 10- Animal Insurance</b>				
Type of Animal	Limit of Indemnity			
<b>25. Section 11- Chartered Vehicles</b>				
Description of the Vehicle	Deductible	Sum Insured	Premium	
Territorial Limits required Please mention below				
a. Is there any existing Motor Insurance Policy covering the vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details				
b. Has there been any damage to the proposed vehicle before opting for cover under this Policy? If Yes, please provide details in below format	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Month/ Year	Insurer	Premium Paid	Amount of claim	Cause of Loss
<b>General Questions</b>				
1. How many years have you been in this business?	Years			
2. Type of film to be produced	Commercial <input type="checkbox"/>	Documentaries <input type="checkbox"/>	Educational films <input type="checkbox"/>	
	Music Video <input type="checkbox"/>	Training Films <input type="checkbox"/>	Animated films <input type="checkbox"/>	
3. Procedure for testing cameras, lenses, raw stock and equipment prior to commencement of filming or taping?				
4. Brief description of Premises (e.g. single/ multi occupancy, floors occupied, other business on premises)				
5. Have you or has any director or Partner or Employee				
a. Been convicted or arson or any other offence involving dishonesty of any kind				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
b. Are involved in any other business?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide details				

6. Have you or has any director or partner in the business or any company in which you have an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangements with creditors? If Yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>			
7. Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? If Yes, please provide details such as Name of previous insurers, Policy number, expiry dates etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>			
8. Has any previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? If Yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>			
9. Loss/ Claims History				
In respect of any of the risks against which you wish to insure have you or has any Director or Partner				
a. Incurred any loss, destruction or damage whether insured or not?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
b. Had any claim made against you by employees or other parties (whether under a current or any previous trading name or interest) during the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, please provide details				
Year	Brief description of claim	Amount paid	Whether Insured or not? (Y/N)	
10. Are you aware of any circumstances which may lead to a claim against you in the future? ( This should include any circumstance for which you may not feel you could be liable) If Yes, please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>			
DETAILS OF THE RISK				
1. Policy Period: (DDMMYYYY)	Policy Start Sate	Policy End Date		
2. Please mention the coverages/ endorsements you want to opt for under the Policy				
Endorsement	Y/ N	Sum Insured	Deductible	Premium
Public Liability -Overseas				
Reinstatement Value Clause(Section 2, 3, 4, 5 and 7)				
3. Estimated Costs: Please provide a break –up of costs as under				
a.Total Budget (attach Budget):				
b.Story and Scenario:				
c.Music & Sound Rights & Royalties:				
d.Total Negative Cost				
e.Post Production Costs:				
f.Net Insurable Production Costs				
Any other Cost involved:				

**Premium Payment & Bank Details:**

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Premium Amount Rs. _____ Amount (In Words): _____	
For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other ( Please Specify ) <input type="checkbox"/>	
Debit / Credit Card No:	Expiry Date:
Fund Transfer/Wallet : _____ Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :
Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.	

Declaration

1. I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.

2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.

3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.

4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.

5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.

6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".

7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer ([www.universalsompo.com](http://www.universalsompo.com)).

8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".

9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.

10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.

11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.

12. I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my policies held with the Company.

13. I/ We have read and understood the privacy Policy of our Company at [www.universalsompo.com](http://www.universalsompo.com) and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Proposer

**CKYC Declarations**

1. I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

2. I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Proposer

**INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES**

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

**Universal Sompo General Insurance Co. Ltd.**

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai - 400708  
Toll Free No : 1800 200 4030 / 1800 22 4030 | Tel No.: 022 41690888/41690999

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read Policy Documents carefully before concluding a sale. IRDAI or its officials do not involve in activities like sale of any kind of insurance or financial products nor invest premiums. IRDAI does not announce any bonus. Those receiving such phone calls are requested to lodge a police complaint along with details of phone call and number.  
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