HDFC ERGO General Insurance Company Limited





A. PRODUCTION INFORMATION				
Name o	f Proposer / Insured:			
Address:				
Telephone:		Mobile No.: Landline:		
Additional Insured:				
Type of Production:		Motion Picture / Features Film Ad Films Televi	sion Shows / Serials	
		Documentry Films Animation Film Other	s (Please Specify)	
Name /	Title of the Production:			
Cast / K	ey Members / Technicia	in:		
Sr. No		Name	Designation	Fees / Remunaration (Rs.)
	attached concrete Chee			

B. SECTIONS (SECTION 1 & 2 ARE COMPULSORY)

Section	Cover	Select if opted	Sum Insured / Limit of liability
1	Extended Pre Production Cast Insurance		
	Extended preproduction period		
2	Cast Insurance		
3	Negative Film & Video Tape		
4	Props, Sets & Wardrobe		
	Hiring Charges - (In an event of Claim, only hiring Charges will be reimbursed and not the cost)		
	Replacement Value/Cost - (If the sum insured is lower than the cost/replacement value, under insurance will be applicable)		
5	Miscellaneous Equipments		
	Hiring Charges - (In an event of Claim, only hiring Charges will be reimbursed and not the cost)		
	Replacement Value/Cost - (If the sum insured is lower than the cost/replacement value, under insurance will be applicable)		
6	Third Party Property Damage		
7	Extra Expenses		
	(Operating on First Loss Basis)		
8	Money in Transit – Per carrying limit		

Section		Cover		Select if opted	Sum Insured / Limit of liability	
	Transit details					
	Money in Safe / Location					
9	Film & Video Tape in Storage	,				
10						
	AOA : AOY					
	Additional covers / Limits					
1	Unseasonal Adverse Weather	r & Rain Cover				
	(Limit of Liability:					
2	Terrorism					
3	Non – Appearance of the Cast/Key Members on the Schedule of Shooting for the situation beyond the Control of Cast/Key Members like Road Blockages, Accidents, Flight Delays / Cancellations					
4	Foreign Location Shoots					
	If yes, please mention Location	ons				
	'					
		C. SHOOT SCH	IEDULE			
	Date	Time		Location		
Please at	tached separate sheet if requir	ed)				
ost prod	uction: From: DDMMY	Y Y Y To: D D M M Y Y Y Y	Expecte	ed date of realease:	D M M Y Y Y	
		D. OTHER INFOR	PMATION			
l) Peric	od of insurance: From:	D D M M Y Y Y Y To: D D M M	YYYY			
2) Have	ave all necessary arrangements for the successful fulfillment of the production / project to be insured have been made? Yes / No					
3) Have	ave all necessary licences, visas, permits been obtained and have all contractual arrangements been confirmed in writing? Yes 🗌 / No			Yes / No		
4) Are t	Are there any other material facts or information with regards to the proposed production / project? If yes, please provide details Yes / No					
5) Clain	ims history of the client for past five years (For all the opted sections)					

PROPOSER'S DECLARATION:

I/ We accept the Terms and Conditions of the insurance policy. I/We authorize the insurance Company to obtain any records or references in consideration of this insurance or any potential claims in the future. I/We certify that all the information provided in this proposal and any attachments are true and correct. I/We understand that all information provided in this proposal and any attachments are material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. I/We hereby authorize HDFC ERGO General Insurance Company Limited to use relevant data for marketing purposes either directly or through third party agents.

Note: The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance (Your proposal form will be considered after HDFC ERGO General Insurance Company Limited receives premium payment)

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

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 of risk relating to lives or property in India any rebate of the whole of the commission payable or any rebate of the premium shown in 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 published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Rs 500/- (Rupees Five Hundred)

PREMIUM DETAILS						
Amount (In ₹): Rupees (In word):_						
MODE OF PAYMENTS						
Bank Account No.:						
Bank Name:						
Branch Name & Address :						
Instrument No.	Instrument Date : DDMMYYYY					
SOURCES OF FUND						
Salary:						
Business:						
Other (Please Specify):						

Note: The liability of the company does not commence until the acceptance of the proposal form has been formally intimated by the company and full premium has been realized by the company