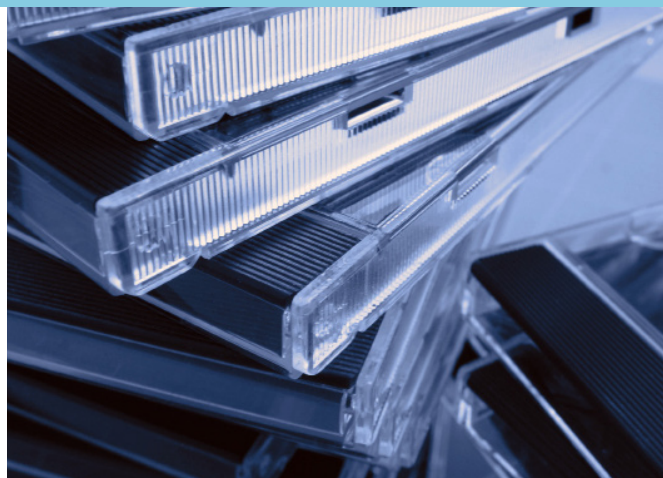


Film Distributor Annual Programme Proposal Form



IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

1. Name of proposed Insured

Name

2. Full address

Telephone number	Email

3. Name of partners / directors of the named Insured

Name	Years in industry

4. Additional Insureds to be included for insurance

Name

5. Please give a breakdown of your turnover, including fee income, for the past and current financial years, and estimate for the next year

Financial year end (date)			
	Past year (actual)	Current year (estimate)	Next year (estimate)
Total turnover including fee income	£	£	£

Please provide an estimated percentage split of turnover including fee income by geographical territory

	Past year (actual)	Current year (estimate)	Next year (estimate)
United Kingdom clients	%	%	%
European clients	%	%	%
USA and Canadian clients NOT subject to USA/ Canadian law	%	%	%
USA and Canadian clients subject to USA/Canadian law	%	%	%
Rest of world clients	%	%	%
TOTAL %	100%	100%	100%

6. Please advise percentage of annual productions produced according to programme type

Type of production	Past financial year	Current financial year	Forthcoming financial year
Features - cinematic	%	%	%
Features - TV release	%	%	%
Light entertainment	%	%	%
Factual (investigative/expose)	%	%	%
Factual (non-investigative)	%	%	%
Drama	%	%	%
Docu-drama	%	%	%
Children and religious	%	%	%
Sports	%	%	%
Wildlife/natural history documentaries	%	%	%
Other (please give details)	%	%	%

7. Territories for distribution

8. Have all productions been previously aired?

YES

☐

NO

☐

If no, please advise reason why.

9. Risk Management Procedures

Have all productions been previously insured under a Producers E&O policy?

YES ☐ NO ☐

a. if yes, has the seller provided proof to you to substantiate this?

YES ☐ NO ☐

10. Have all clearances relating to each production been obtained?

YES ☐ NO ☐

11. Have you obtained warranties and indemnities in respect of liability arising from distribution of these productions from the seller?

YES ☐ NO ☐

a. If no, please explain.

12. Please advise the name and address of the clearance lawyer you have used in the acquisition of these productions.

13. Have there been any prior claims that you have been made aware of?

YES ☐ NO ☐

Please attach details of any claims history arising out of any production to be insured.

14. To the best of your knowledge, are you aware of any potential circumstances or situations which could give rise to a claim from any of the productions you have submitted for insurance?

YES ☐ NO ☐

a. If yes, please advise details.

15. Please advise

Policy limit	£	Excess	£

16. Please advise policy period required

Claims declaration

Has any actual or threatened claim been made against you arising out of these productions or any other content relative to these productions?

YES☐**NO**☐

If **YES**, please give details below.

During the last five years, has any claim been brought against you arising from defamation, invasion of privacy, infringement of copyright, trademark, unauthorised use of any material, ideas or formats or breach of confidentiality?

YES☐**NO**☐

If **YES**, please give details below.

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Co PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Co PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Co PLC.

Signature of Principal / Partner / Director _____

Date _____

This proposal should be accompanied by a copy of your standard terms and conditions

A copy of this proposal should be retained by you for your own records

All questions must be answered fully, and those questions not relevant to you should be marked N/A

If there is insufficient space, please provide details on your letterhead.

Please use this space for any additional information

Contact us

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HCC Insurance Holdings, Inc. is an international insurance holding company and a leading specialty insurance group since 1974, based in Houston, Texas, with offices across the USA, Bermuda, England, Ireland and Spain. HCC is rated AA- (Very Strong) by Standard & Poor's and A+ (Superior) by A.M. Best Company.

Film Distributor Prop
Dec 2015