



Production Insurance Proposal Form

- Please complete all sections for Production Insurance
- Sections 1 & 2 for Equipment insurance
- Sections 1 & 3 for Liability only
- Sections 1, 2 & 3 for Equipment and Liability Insurance

Your details

- Name:
- Address: 3. Postcode:
- Contact name:
- Contact email:
- Telephone number:
- Employer Reference Number (ERN):
(this is compulsory for Employers' Liability cover under your policy)

Section 1 – Production Details

- Title of production
- Production type:

Educational	Light Entertainment
Sport	Drama (fictional)
Live Broadcast	Natural History
Non-investigative Documentary	Religious
Children's	Animation
Sitcom	Investigative Documentary
Dramatisation of factual events	
- Synopsis:
- Filming locations: UK EU ROW exc USA
- Does the FCO advise against traveling to this location? Yes No
- Pre production start date: DD/MM/YYYY / /



Section 5 – TV & Film E&O

30. Number of episodes	1	2 to 10	11 to 20	20+
31. Episode length (minutes)		0 to 30	31 to 60	60+
32. What type of lawyers do you use?			External	In-House
33. Will the script and/or final cut of the production be reviewed by a suitably experienced media lawyer, for the usual related matters including but not limited to defamation, contempt, invasion of privacy, copyright and trademark?			Yes	No
34. Will all licences, clearances and consents be obtained from the following prior to first dissemination:				
a. Copyright owners (including underlying rights)	Yes	No	N/A Entirely original	
b. Authors, writers, contributors and performers	Yes	No	N/A None used	
c. Any living person (name or likeness used)	Yes	No	N/A None used	
d. Heirs or estates of deceased persons	Yes	No	N/A None used	
e. Music owners	Yes	No	N/A None used	
f. Owners of film footage, TV clips, photographs	Yes	No	N/A None used	
g. Please confirm no investigative or expose content	Yes	No	N/A None used	

Signature

I/we declare that the information provided above and in all appending sections is true to the best of my/our knowledge.

Signature:

Name:

Position:

Date: / / DD/MM/YYYY

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