



UK TV E&O Insurance Scheme Application Form ;

Production Company Name:

Production Company Address:

Contact at Production Company:

Contact Tel:

Contact Email:

UKTV Production Commissioner:

Production Title:

Length of Production and Number of Episodes:

Type of Production eg Drama, Documentary..? :

Date Insurance to Commence:

Have all licences, clearances & consents been obtained for all intellectual property rights or contributions from a third party?

Please confirm that the production complies with the guidelines and are not aware of any claims, or incidents that may lead to a claim, in respect of the production to be insured by signing and dating the form below.

Signed Date

Print Name Position

QUARTZ INSURANCE BROKERS LTD

SUITE C, 2ND FLOOR KING WILLIAM HOUSE, 13 QUEEN SQUARE, BRISTOL BS1 4NT

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