

UKTV errors and omissions insurance application form

Production company name

Type of production (eg drama, documentary)

Production company address

Date insurance to commence

Have all licences, clearances and consents
been obtained for all intellectual property
rights or contributions from a third party?.....Yes No

Contact at production company

Contact telephone number

Contact email

UKTV Production Commissioner

Production title

Length of production and number of episodes

Declaration

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.

Signature

Date

Print Name

Position

QUARTZ INSURANCE BROKERS LTD

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