PROPOSAL FORM FOR ENTERTAINMENT PRODUCTION POLICY

For Official Use Only

Agent/ Broker Name: □□□□□□□□□□□□□□□□□□□□□□□□□□□□

Marketing Officer: □□□□□□□□□□□□□□□□□□□□□□□□□□□□

Client ID Number: □□□□□□□□□□□□□□□□□□□□□□□□□□□□

GUIDELINES FOR COMPLETION OF THE FORM

1. Please answer all questions fully and correctly. Where any question does not apply, please mention clearly that the same is not applicable.
2. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.
3. The Policy shall become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or any one acting on his behalf.
4. Kindly contact the Company's Offices or the Agents for any doubts or clarifications on the proposal form.

SCOPE OF COVER

The Insurance Policy indemnifies the Insured (Production Houses) against loss or damage due to / arising out of

a. Cast Insurance
b. Equipment Insurance
c. Props, Sets and Wardrobe Insurance
d. Extra Expenses Insurance

SIGNIFICANT EXCLUSIONS

This insurance Policy does not cover any loss due to acts of terrorism, insured persons participating in risky activities, patent violation etc.

CLIENT INFORMATION:

Proposer's Name: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Proposer's Mailing Address:
□□□□□□□□□□□□□□□□□□□

Status (please tick any one):

Private Limited Co.
Public Ltd. Co.
Unincorporated Association or Body of Individuals
Partnership/LLP
Trust/ Foundation
Government
NGO/NPO (If yes, obtain DARPAN Portal Registration number……..)
Others (please specify) _____

Date of incorporation

Place of incorporation

C. OTHER DETAILS (Authorized Signatory)

1. Name:

2. Current residential address:
3. Any officially valid document containing photographs of Authorized Signatory:

_____
__

_____
__

_____

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs *?

Yes No

□□□

If yes, please give details (Nature of relationship and position held by PEP):……..

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials;".

Name of the Cast/Crew/Artist:
□□□

Primary shoot location:
□□□

Estimated value of Equipment: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Ownership details: Owned □ Leased □ Rental □

Stunt Details (Any high risky scenes if any):
□□□
□□□
□□

General Comments

Total Production Budget: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

Has any company declined or cancelled any insurance coverage of similar nature conducted by you in the past? Yes □ No □

Risk Details:

Main Covers

Policy can be availed by opting at least one Section from the coverages mentioned below

Section	Benefits	Sum Insured (in Rs)
1	Cast Insurance	
2	Equipment Insurance	

3	Props, Sets & Wardrobe Insurance	
4	Extra Expenses Insurance	

Optional Covers

Benefits	Opted/Not Opted
Stunt Cover Extension (Applicable to Section 1):	
Kidnapping Cover (Applicable to Section 1):	
Terrorism Damage Cover Endorsement (Material Damage Only) (Applicable to section 2 & 3)	
Political Strikes Cover Endorsement (Applicable to section 2, 3 & 4)	
Civil Authority Clause (Applicable to Section 4)	
Unseasonal Rain Cover Endorsement (Applicable to Section 4)	
Production Abandonment Cover Endorsement (Applicable to all Sections)	
Post Production Cover Endorsement (Applicable to Section 4)	

Loss History (if any):

Do you wish to receive a physical copy of the Policy? Yes □ No □ PAYMENT INFORMATION

MODE OF PAYMENT
Cheque/ DD Cheque No: □□□□□□□□□□□□□□□

Demand Draft No. □□□□□□□□□□□□□□□

Drawn No. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□ Date □□ □□ □□□□

Saving Bank A/C No. □□□□□□□□□□□□□□□□□□ Amount in Figures: □□□□□□□□□□□□□□

Amount in Words: □□□
DECLARATION BY PROPOSER

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.
I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company. I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque. I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the

proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

I/We hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.

I/We understand that the Company has right to call for documents to establish source of funds

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately, not later than 30 days.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. Further, I/We understand that the Company has a right to cancel the insurance contract in case, I am/have been found guilty by any competent court of law under any statutes, directly or indirectly governing the prevention of money laundering.

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required.

Place:

Date: □□ □□ □□□□ Proposer's Signature and Stamp

INTERMEDIARY DECLARATION AND DETAILS/PRINCIPAL OFFICER DETAILS

I, _____<full name> in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/ Insurance Sales Persons of Insurance Marketing Firm / Broker Qualified Person/ Point of Sales Person/ Designated Person/ Authorised Verifier or any other authorised salesperson/ Rural Authorized Person (RAP) and Village Level Entrepreneur – Ins (VLE-Ins) of Common

Public Service Centre do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to cancel the policy at its discretion. Further, this declaration does not confirm issuance of policy or assumption of risk thereof.
_____ (to be filled in, only in case there is some disclosure to be made).

I hereby confirm to the best of my knowledge and belief that there is no inconsistency or adverse habits that may affect the underwriting of this proposal except as mentioned below:

Intermediary Name / Principal Officer Name :
Code/Functional Identity:
Contact No. of the branch:
Email ID of the branch:
Branch/Office:

STATUTORY WARNING

PROHIBITION OF REBATES
(Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement toany 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 or part of the commission payable or any rebate of the premium shown on 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:

Provided that acceptance by an insurance agent of commission in connection with a

policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupee

NEFT/EFT MANDATE FORM
(Payment through EFT Mechanism)

CORPORATE DETAILS:

Name:
□□□

□□

MIRC No.: □□□□□□□□□□□□□□□□□□□□ IFSC Code
□□□□□□□□□□□□□□□□□□□□
Account Type: □□□□□□□□□□□□□□□□ Full Account No.
□□□□□□□□□□□□□□□□□□□□

Name as per Bank Records:
□□□□□□□□□□□□□□□□□□□

2. The RTGS/ NEFT facility shall be effective for the respective Customer(s) within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance

Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.

3. The Customer agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the Account of Customer on the day of the credit of Payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/inaction/failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The Customer agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. The Customer agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/

NEFT charges, which if levied by the Customer's bank, shall be borne by the Customer

6. ICICI Lombard has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of Ten days for such changes wherever feasible for the terms and conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the Customer shall be deemed to have accepted the changed terms and conditions.
7. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by the company.
8. Notices under these terms and conditions may be given in writing by delivering them by hand or e-mail or on ICICI Lombard General Insurance Company Ltd. Website www.icicilombard.com or by sending them by post to the last address of the Customer.
9. These terms and conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai in India.
10. I / We further undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to the knowledge of the Customer through any other source.
11. I/ We agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers, this facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard

General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI

Lombard General Insurance

12. Company Ltd. before the expiry of the notice period of the Customer.
13. (Please attach a blank cancelled cheque or photocopy of a cheque for verification of the particulars provided in this regard)

Signature and Stamp of Customer