

Holland Insurance Brokers Pty Ltd
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FILM INSURANCE QUOTATION SHEET

Date: _____

GENERAL INFORMATION

- Title of Production: _____
 - Type of Production: (eg Feature Film, Documentary, TVC)

 - Total Budget: _____
 - Period of Cover: (eg 6 months, 12 months) _____
 - Geographical Limits: (eg Australia Wide, Worldwide) _____
 - Location of Shoot: (eg Metropolitan Melbourne, Country NSW, Beijing)

 - Type of Shoot Location: (eg Private Home, Park, Hotel,) _____

 - Do you intend to engage Volunteers, if yes approximately how many: _____
 - Have you ever been refused Insurance or had Insurance cancelled or declined:
 YES (if Yes, please provide details) NO
 - Have you ever made any Insurance Claims or suffered an Insurable Loss:
 YES (if Yes, please provide details) NO
-

FILM NEGATIVE

- Period of Shoot: _____
- What are you shooting on: (eg film, tape, HD, Red) _____
- Frequency of Rushes/Viewing of footage:(eg daily, weekly) _____
- Laboratory to be used: _____
- Are there any Deferred Payments, if so please give details:

- Details of any special film processes to be used: (eg IMAX, Steadicam, Underwater/Aerial Photography, 3D etc) _____

FILM PRODUCERS INDEMNITY

- Number of persons to be insured: _____

MULTI RISKS

- Sum Insured a) Equipment \$ _____
 b) Props, Sets & Wardrobe \$ _____
 c) Production Office Contents \$ _____
- Do you intend to hire equipment: YES/NO. If yes, from whom:

EXTRA EXPENSE

- Sum Insured: _____

PUBLIC LIABILITY

- Sum Insured: a) \$5,000,000
 b) \$10,000,000
 c) \$20,000,000
- Details of any stunts, pyrotechnics, special effects or hazardous activities:
(eg Car, chases, explosions, fight scenes) _____

MONEY (eg Petty Cash, Locations, Extras)

- Sum Insured: \$ _____

ERRORS & OMISSIONS

- Sum Insured
 - a) \$1,000,000 Limit any one Loss
\$3,000,000 Aggregate Limit
 - b) \$1,500,000 Limit any one Loss
\$4,500,000 Aggregate Limit
 - c) \$2,000,000 Limit any one Loss
\$6,000,000 Aggregate Limit

If available, could you please attach a copy of the following documents:

- **Summary sheet(s) of Budget**
- **Brief Synopsis**

Name of Insured: _____

Address of Insured: _____

Telephone No: _____ **Facsimile No:** _____

Email: _____