



10. *Film Format:* \_\_\_\_\_
11. *Title of Production:* \_\_\_\_\_
12. (a) *Type of Story (Drama, Comedy, Musical, Western, etc.):* \_\_\_\_\_  
 \_\_\_\_\_
- (b) *Storyline and Action sequences:* \_\_\_\_\_  
 \_\_\_\_\_
13. *Describe all shooting locations (include City, Province and Country and number of weeks at each):* \_\_\_\_\_  
 \_\_\_\_\_
14. *Describe all special stunts, and scenes involving animals, underwater shooting, motorcycles, special vehicles, aircraft, watercraft, railroad cars or equipment, fire sequences, explosives, or any other possibly hazardous activities (use separate sheet, if necessary)* \_\_\_\_\_  
 \_\_\_\_\_
15. *Estimate costs of each production or episode:*
- |  |         |
|--|---------|
| (a) <i>Total Budget (attach complete Budget and Synopsis and/or Script):</i> | R _____ |
| (b) <i>Story and Scenario:</i>   | R _____ |
| (c) <i>Music and Sound Rights and Royalties:</i>                             | R _____ |
| (d) <i>Total Negative Cost (a less b &amp; c):</i>                           | R _____ |
| (e) <i>Post Production Costs:</i>  | R _____ |
| (f) <i>Net Insurable Production Costs (d less e):</i>                        | R _____ |
| (g) <i>Total below the line costs:</i>                                       | R _____ |

*Indicate if any of the following optional items are to be insured:*

- Story/Underlying Rights*       *Sound Rights*       *Royalties*
- Direct Overhead*       *Music Rights*

*Amount of Overhead directly chargeable to the Production:*

*Are there any Deferments? If so, explain in detail. (Use separate sheet if necessary):*

*Person to contact for audit:* \_\_\_\_\_ *Tel. Number:* \_\_\_\_\_

**ENTERTAINMENT PACKAGE APPLICATION (Cont'd)**

16. Coverages Desired:

**Extended PreProduction Cast Insurance**

<b><u>Persons to be Insured</u></b> <b><u>(Indicate if other than Actor/Actress)</u></b>	<b><u>Age</u></b>	<b><u>Coverage</u></b> <b><u>Period</u></b>	<b><u>Limit of</u></b> <b><u>Liability</u></b>
_____	_____	_____	R
_____	_____	_____	R
_____	_____	_____	R

Aggregate Limit of Liability: R \_\_\_\_\_

Describe Personal Activities of Insured Persons during the terms of this Coverage:

\_\_\_\_\_

\_\_\_\_\_

Are any persons insured hereunder involved in any hazardous activities during the term of this Coverage?

Yes     No    If "Yes", Explain: \_\_\_\_\_

**NOTE:** Attach copy of contract for each person to be insured.

**Cast Insurance**

<b><u>Persons to be Insured</u></b> <b><u>(Indicate if other than Actor/Actress)</u></b>	<b><u>Age</u></b>	<b><u>Coverage</u></b> <b><u>Period</u></b>	<b><u>Stop Date</u></b> <b><u>(if any)</u></b>
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Period of Principal Photography From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Negative/Videotape/Media**

Name and location of:

- (a) Laboratory to be used:
- (b) Vaults to be used:
- (c) Cutting rooms/post facility to be used:

Any special film processes, special effects or equipment (e.g. Panavision, Cinerama, Imax, etc):

Negative/Videotape/Media to be transported to processing lab/post production facility:

Via: \_\_\_\_\_ Frequency: \_\_\_\_\_

Coverage to be effective: \_\_\_\_\_

Estimated completion date of Protection Print: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Faulty Stock, Camera and Processing and Hard Drive Back-up**

Explain procedures the Applicant follows in testing cameras, lenses, raw stock, equipment and hard drives to prove them to be sound prior to commencement for filming or taping and periodic back-up procedure if filming on HD:

\_\_\_\_\_  
\_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Props, Sets and Wardrobe**

Value of Owned: R \_\_\_\_\_ Rented: R \_\_\_\_\_

List any antiques, objects of art, furs, jewellery, precious or semi-precious stones/metals/alloys in excess of R20 000:

\_\_\_\_\_  
\_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Miscellaneous Equipment**

Value of Owned: R \_\_\_\_\_ Rented: R \_\_\_\_\_

List any item(s) over R100 000: \_\_\_\_\_

Brief description of protection (fire fighting equipment, watchman, etc.) \_\_\_\_\_

\_\_\_\_\_

Where will equipment be kept during use? \_\_\_\_\_

Location to which equipment will be returned when not in use: \_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Third Party Property Damage**

Brief description of property (other than miscellaneous equipment, props, sets, etc.) or facilities to be used in connection with the production for which the applicant may be responsible

\_\_\_\_\_  
\_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Extra Expense** (as a result of loss of or damage to property or facilities used in connection with the production)

Estimated time needed to reconstruct destroyed sets or scenery: \_\_\_\_\_

What other location or studio facilities would be immediately available? \_\_\_\_\_

\_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Office Contents**

Full addresses of premises/location(s):

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Value of Owned: R \_\_\_\_\_ Rented: R \_\_\_\_\_

Coverage required From: \_\_\_\_\_ Until: \_\_\_\_\_

Limit of Liability: R \_\_\_\_\_

**Other (Describe)**

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**ATTACH COMPLETE BUDGET, SYNOPSIS AND SCRIPT**

*Signing this application does not bind the Applicant or Underwriters to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.*

*Any material change to the Company's exposure must be reported prior to coverage applying.*

*I/We have read the above and agree that to the best of my/our knowledge and belief same fully represents in the true statement of facts.*

Date: \_\_\_\_\_

Applicant:  
(Authorised Representative)

By:

Title:

Broker: Aon SA (Pty) Ltd

Address: P O BOX 1874, Parklands, 2121

Telephone Number: (011) 944-7292

Facsimile Number: 086 505 9292

Contact: Steve Levitt

E-mail: [steve.levitt@aon.co.za](mailto:steve.levitt@aon.co.za)