

Future Cine Suraksha Proposal form

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and 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. 2. This form can be used to apply for FUTURE CINE SURAKSHA. 3. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. 4. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE:

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

Name of the Applicant/ Company	
The Applicant is: (One of the Following)	Individual / Partnership Firm / Company / Corporation / Joint Venture / Others _____ (Cancel whatever Not Applicable)
Postal Business Address	
City & PIN Code	
CKYC number (if available)	
Title of the Production	
Language of Production	
Period Of Production	Start Date: _____ End Date: _____ Total Number of Days: _____ Number of Production Days: _____ (Actual Shooting Days)
Is the Production One of the Following:	Feature Film / Pilot / Special / Series / Mini Series / Others _____ Number of Episodes (If Series): _____ each week. Number of Weeks: _____
Running Time :	15min / 30 min / 60 min / 90 min / 120 min / 180 and more min _____.

Is the name of the Production in likeness to any living person/ political event which needs permissions?	YES / NO If YES has any such permission been taken? (Attach separate sheet if required)
Is there any Loan taken from any Bank / NBFI / Self	YES / NO / Self, If Yes Name: Address: Tel Nos.:
Has the Applicant been Black listed by any of the Associations?	YES / NO If YES – When Has it been resolved
Is the Applicant member of any Association?	YES / NO If YES Name: Place:
Is there any court case pending against you?	YES / NO If YES give brief details (Attach separate sheet if required)
Shooting Schedule	(Attach separate sheet if required) Time to be spent at each location / country etc.
Number of Scene's	
Details of Safety Feature involved during the entire shooting period	(Attach separate sheet if required)
Give Details of the use of the following	Water Craft / Underwater Filming / Near Water / Use of Air Crafts / Trains & Railroads / Animals / Pyrotechnics / Expensive Antiques, Jewellery / Auto /Auto /

	Motorcycle Chase / Crash / Filming above 50 feet / Underground Filming
Give Detailed Production schedule	a) Pre Production: (Attach separate sheet if required) b) Principal Photography: (Attach separate sheet if required) c) Completion of Production Print: (Attach separate sheet if required) d) Scheduled Release /Air: (Attach separate sheet if required) e) Time interval between two schedules.
List of any Additional Expenses you wish to include in the Insurable Production Cost:	(Attach separate sheet if required)

Details of Previous Insurance	Name of the company, Any Claims Made? If YES under what heading:	
Cover about the following	Benefit	Sum Insured
	Cast	
	Props, sets, wardrobe & equipment	
	Film Negative	
	Extra expenses (break up to be provided in separate sheet)	
	Public liability – property & personal	
	Film Negative– post production	
	Personal accident – death & disability	
	Cash in transit	
Give Details of cast insurance (Please attach Separate sheet if required)	Person to be insured : Start dates: Age: Coverage desired: Coverage period: Capital Sum Insured _____ Period of Principal Photography from _____ to _____	
Are any of the covered persons functioning in a dual capacity?	Yes / No	
Is any covered person involved in another production before the start of principal photography?	Yes / No If YES, please explain.	
Is any covered person planning any vacation before the start of principal photography?	Yes / No (If so where and how long?)	
Is any covered person planning any medical procedures before the start of principal photography?	Yes / No If YES, please explain. (medical certificate as per proforma to be attached)	
Give details for Film stock insurance	Type of film /video used:	
Any special computer-generated graphics, animations or other process involved?	Yes / No If so, Please explain.	

Any special film processes, special effects or equipment?	Yes / No
Any telecine processes involved?	Yes /No
Name and address if the studio /laboratory to be used	
Vaults to be used	
Cutting rooms to be used	
Name and address of processing/ post laboratory	
Negative / videotape to be transported to processing lab / post production facility	By (mode of transport) _____ Frequency _____
When will rush prints and /or recorded videotapes be checked and /or viewed?	
Will you be using any specialized computer programs to create any images or effects?	Yes / No If YES, please explain and name the software
Will you be using any special film or cameras?	Yes / No If so, please explain.
Where will the film be stored?	
Give details of procedures the applicant follows in testing (to prove them to be sound prior to commencement of filming or taping)	Camera/ lenses/ raw stock/ equipment (certificate to be attached)
Details of props, set and wardrobe	List of equipments which will be used for outdoor/indoor shooting. (Attach separate sheet if required)
Equipment owned or hired and value?	
Duration of hire?	
Method of transportation?	
How are you going to protect the property (theft/fire etc.)	
Identify any equipment props, set or wardrobe with a value in excess of Rs 50.000	

Identify any antiques, art work or precious objects valued in excess of Rs 10,000 subject to valuation certificate	
Maximum time needed to rebuild destroyed sets	
Identify any unique/one off pieces of property or unusual locations to be used	
Do you have access to any alternatives?	Yes/No If YES, please explain
Details of miscellaneous equipment	List of equipment which will be used for outdoor /indoor shooting (Attach separate sheet if required)
Equipment owned or hired and value?	
Duration of hire?	
List of item(s) over RS. 50.000	
Brief description of protection of property	
Where will the equipment be kept during use?	
Location to which the equipment will be returned when not in use?	
Details of third party property damage	Are there scenes involving residential locations? Yes /No
Are equipments/ machineries in sound conditions of repair?	Yes/No
Details of surrounding areas/ property/ population?	
Scenes which may cause damage to surrounding?	(Property following fire etc.?)Yes /No

Payment details:

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Declarations:

- i. I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD (FGIICL) and I/We agree to accept a policy, subject to the conditions prescribed by FGIICL.
- ii. I understand that, if any information/statement given in the proposal is found to be untrue by FGIICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to FGIICL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that FGIICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR

"I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this _____ application form. In case of any refund, please process the same in below mentioned proposer's bank account."
- iv. I/we am/are (please tick all that are applicable)

<input type="checkbox"/> High Net Worth Individual/s	<input type="checkbox"/> Non-Residential Indian/s	<input type="checkbox"/> Politically Exposed Person/s
<input type="checkbox"/> Jeweller/s	<input type="checkbox"/> Non-Governmental Organization	<input type="checkbox"/> Film Actor/s
<input type="checkbox"/> Producer/s		
- v. I agree to receive service-related information from FGIICL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to FGIICL and/ or FGIICL authorised person/ agency, shall be stored by FGIICL, throughout the currency of my relationship with FGIICL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that FGII may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

For Intermediary Use Only

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of

this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between FGIICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of FGIICL, be treated as null and void and the premium amount against the policy may be forfeited by FGIICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

FGIICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of FGIICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with FGIICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

No person shall allow or offer to allow either directly or indirectly as an inducement to any 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 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.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

