

Film Insurance Questionnaire

Policyholder	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Company <input type="checkbox"/> Association	
Policyholder (name, first name, company): _____	
Address: _____	
Phone: _____	Fax: _____
Mobile Phone: _____	E-Mail: _____
Additional assured (e.g. Co-Producer): _____	

Informationen about the project	
Production title: _____	
Type of project:	<input type="checkbox"/> Cinema <input type="checkbox"/> Commercial <input type="checkbox"/> Musik VideoMusikvideo <input type="checkbox"/> Documentary <input type="checkbox"/> TV <input type="checkbox"/> others (please specify): _____
Film location(s): _____	
Preproduction:	from: _____ to: _____
Shooting period:	from: _____ to: _____ Number of days: _____
Postproduction:	from: _____ to: _____
Production budget:	
Net-cost of production (Important: please add the calculation sheet):	€ _____
thereof:	
- Initial Costs:	€ _____
- Copy right:	€ _____
- General expenses:	€ _____
- financial costs:	€ _____
- Exceedance reserve:	€ _____
- Profit:	€ _____
- _____:	€ _____
Total sum insured:	€ _____
Risk aggravating features, Special features as for example: Stunts, Submarine shoots, mountaineering, use of Aircrafts (manned and/or remote controlled), fire, animals etc.:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a detailed description:	

Insurance cover			
<input type="checkbox"/> Request for a quotation			
<input type="checkbox"/> Application form for indicated insurances			
1. Cast insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> Non	2. Negatives:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Consequential loss/extra expenses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Prop, Sets, Wardrobe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Film equipment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Production cash box:	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Production Third party liability:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Cast insurance: Losses arising from the delay or cancellation of the filming due to the illness, accident or death of the names insured	
Please add the medical affidavit for the persons to be insured. Otherwise, cover cannot be provided	
a) Preproduction (preparatory stage until the actual shoot starts):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persons to be insured:	1. Person: _____ Date of birth: _____ Activity for the production: _____
	2. Person: _____ Date of birth: _____ Activity for the production: _____
	3. Person: _____ Date of birth: _____ Activity for the production: _____
	4. Person: _____ Date of birth: _____ Activity for the production: _____
b) Shooting Period:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persons to be insured:	1. Person: _____ Date of birth: _____ Activity for the production: _____
	2. Person: _____ Date of birth: _____ Activity for the production: _____
	3. Person: _____ Date of birth: _____ Activity for the production: _____
	4. Person: _____ Date of birth: _____ Activity for the production: _____
If more persons have to be named insured, please add a separate list.	

2. Negativ:	Losses arising from delay or cancellation of filming due to damages to negatives / tapes during transport, shooting, cutting and storage.
	<input type="checkbox"/> Yes <input type="checkbox"/> No The usability of the newly filmed material has to be checked immediately, as well as secured, transported and stored in a professional manner.
Sum insured:	€ _____
Filmmaterial to be used:	<input type="checkbox"/> 16 mm negative <input type="checkbox"/> 35 mm negative <input type="checkbox"/> Video <input type="checkbox"/> Indoors filming <input type="checkbox"/> outdoor filming Film processing Laboratory: _____ Final product: _____

3. Consequential loss / extra expenses:	Extra expenses caused by the following business interruptions:
	<ul style="list-style-type: none"> - Loss of the location of the production - Loss of shooting-Equipment - Loss of props, sets and wardrobe - Loss of further equipment which is necessary for shooting
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Versicherungssumme:	€ _____

4. Props, Sets and Wardrobe:	Physical loss or damage to owned and rented property like props, sets scenery, costumes, wardrobe, mobile constructions, clothes and similar theatrical property including animals and plants.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total sum insured (on first loss):	€ _____
Buildings, jewellery and property with individual values exceeding € 20,000:	1. _____ 2. _____ 3. _____
	If more property with individual value of € 20,000 has to be named insured, please add a separate list.

5. Film Equipment Insurance	Physical loss or damage to camera, sound or light equipment, during transport, shooting and storage.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total sum Insured (on first loss):	<input type="checkbox"/> own Equipment € _____ <input type="checkbox"/> hired Equipment € _____

6. Production cash box:	Loss of cash and cheques which are carried along during the shooting to make production-referred payments at the set.
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total sum Insured (on first loss):	€ _____
	The sum insured may not exceed € 25,000.

7. Film third party liability:	The insurance provides cover against third-party-claims on the basis of legal liability provisions under private law (not contractual liability) for personal and property damages, during die validity of the said insurance. The possible territory is worldwide with the exception of USA/Canada and its territories	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sums insured:	Personal- and/or Property damages	€ 3,000,000
	Pure financial losses	€ 100,000
	Environmental damages (Basis coverage)	€ 3,000,000
	Damages to rented real-estate cause by fire	€ 3,000,000
	Other damages to real estate	€ 100,000
	Processing damage	€ 100,000
	Loss of keys	€ 100,000
The sums insured may vary from the above mentioned sums, according to the choice of the possible/advantageous insurer.		

If the policy is purchased, this questionnaire is an essential element of the contract!

Order to arrange an insurance policy

Policyholder	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Company <input type="checkbox"/> Association	
Policyholder (name, first name, company): _____	
Address: _____	
Phone: _____	Fax: _____
Mobile Phone: _____	E-Mail: _____
Additional assured (e.g. Co-Producer): _____	

Method of payment	
<input type="checkbox"/> SEPA-Direct Debit Mandate I authorize erpam gmbh (erpam) to collect payments from my account by direct debit. At the same time, I instruct my credit institution to honor the direct debits drawn on my account by erpam. Note: I can request a refund of the debited amount within eight weeks, beginning with the debit date. The conditions agreed with the credit institution apply.	
Creditor identification number: DE54ZZZ00000485646	Mandate reference: to be communicated separately
IBAN: _____	BIC: _____
Alternative account holder: _____	
<input type="checkbox"/> by invoice Bank details for premium refunds (We use this exclusively for refunds in the event of contract changes)	
IBAN: _____	BIC: _____

Privacy clause
I agree that erpam gmbh (erpam) saves my data, as far as they result from the order documents or the execution of the contract. These data will be transferred to the insurer or reinsurer for the assessment of the risk and for the handling of the reinsurance as well as for the assessment of the risk and the claims to other insurers and/or to the HUK association for the transfer of these data to other insurers. I further consent to the insurers maintaining general contract, billing and benefit data in joint data collections, insofar as this serves the proper conduct of my insurance affairs.

Declaration	
The placed order includes the brokerage and servicing of the insurance policy. The contractor is entitled to receive notifications, declarations of intent and payments of both parties and is obliged to forward them immediately to the respective other party. The special terms and conditions expire if the contract is no longer serviced by erpam. erpam gmbh, Berger Straße 8, 82319 Starnberg is registered in the insurance broker register as insurance broker according to § 34d Abs. 1 S. 2 Nr. 2 der Gewerbeordnung under the number D-2A8E-QF1XD-41 .	
The order is valid with digital signature. Please refer to the offer for the exact scope of insurance. If the order is completed in full, we confirm the ordered insurance coverage within the scope of provisional coverage. The policyholder is obliged to pay the insurance premium immediately upon presentation of the policy and invoice, even if the insurance certificate is issued after the commencement date.	
I hereby place an order with erpam gmbh for the brokerage of an insurance policy in accordance with the following order details. I confirm the accuracy of the risk information contained in this order.	
The documents will be sent by email.	
<input type="checkbox"/> I agree that erpam gmbh informs me about news by e-mail. I can revoke my consent at any time.	
_____ Place, Date	_____ Signature

Previous Insurer	
Exists or existed a Film insurance in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the name of the insurer and the policy number	_____
Did any claims incur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the number, kind and amount of the claims	_____

