



Gallagher

FILM & ENTERTAINMENT DIVISION

THE SCREEN INDUSTRY GUILD Liability Insurance Package Proposal Form

Section One Compulsory – All other sections are optional

Section	Cover	Annual Cost	Cover Required?
1	Public Liability \$2,000,000 Care Custody Control \$500,000 Forest & Rural Fires Act \$500,000 Punitive and Exemplary Damages \$1,000,000 Excess each claim \$500* *Higher excesses may apply as per schedule. Optional Increased limit of Public Liability to \$5,000,000	\$340.00 + GST Additional \$160.00 + GST	YES <input type="checkbox"/> YES <input type="checkbox"/> NO
2	Statutory Liability \$1,000,000 per occurrence and in the aggregate Standard excess \$500 but higher excesses may apply as per schedule.	\$155.00 + GST	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Employers Liability \$1,000,000 per occurrence and in the aggregate	\$80.00 + GST for up to 2 employees, \$45.00 + GST per additional employee	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Personal Accident \$100,000 & percentage *each person to be insured under this section must complete pages 3 & 4 separately	\$175.00 + GST per insured person	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sections 2, 3, & 4 are not available on their own.

Please email the first page along with the General Liability section and the Personal Accident section (if applicable) to caroline.oakley@ajg.co.nz once completed and signed.

Any queries please call Caroline on (09) 623 9966.



PUBLIC LIABILITY

Public Liability protects the Company and its employees, or sole traders, for damage to other people's property caused by negligence. It does not include cover for damage caused from the use of Marine craft exceeding 8m, or from the use of any Vehicles (the Motor Liability lies with the Commercial Motor Policy) or any Aircraft, including Drones.

Please advise if you have a Drone, we can extend the policy to include, however additional terms and excess will apply.

Public Liability extends to liability in respect of employees whilst working for you but the term "employee" does not encompass those who contract to the company and are not employed on a P.A.Y.E. basis. Therefore, it is important that any sub-contractors that you engage carry their own Public Liability policy. Ideally you should request evidence that they have their own cover.

The cover is applicable Worldwide excluding USA & Canada, or any territory operating under the laws of those Countries. You must advise us prior to leaving New Zealand together with details of work to be carried out and the travel dates. Depending on the work involved there may be additional premium requirements. Please note increased deductibles apply outside of New Zealand.

STATUTORY LIABILITY / HEALTH & SAFETY

Statutory Liability cover has become increasingly relevant as OSH in particular continue to raise the level of safety required for any business to operate.

The policy is designed to meet the fines, penalties, and legal defense costs which can be imposed through non-compliance with most legislation. The exception being Health & Safety Act related fines where indemnification is prohibited by law.

This is not a blanket cover to allow you to ignore safety issues as insurers do have several nasty exclusions, which can be applied in certain circumstances - the most obvious being that the policy will not cover you for a deliberate or reckless breach of legislation.

Certain shoots may well involve activities where a skilled safety officer is on hand. When this is the case it is essential that you observe their requirements. If you consider they are allowing something to proceed which you believe should not it is also your duty to speak up!

For information on Health & Safety in the New Zealand screen sector, check out <https://screensafe.co.nz/>

EMPLOYERS LIABILITY

Employers Liability defends you against civil actions brought by employees who have sustained an injury in the course of their employment with you. Whilst ACC picks up many workplace injuries, employees retain their rights to sue for any injury outside the scope of ACC.

If the employer has contributed to the accident through negligence, the employee may have a case against their employer.

For most of you this cover will not be relevant as you have no employees.

PERSONAL ACCIDENT PART A OF LUMP SUM BENEFITS POLICY WORDING ONLY

Personal Accident cover is available for a lump sum of \$100,000 per insured person for accidents resulting in death or permanent disablement and for smaller percentages down to as low as 1% for the loss of a toe.

No medicals or financial accounts are required for this cover.

Please note a height restriction applies over 6m. Cover can be extended to cover non-scheduled flights for additional premium. Note that there would be no cover for flying in a Robinson helicopter.

**THE SCREEN INDUSTRY GUILD
Liability Proposal Form**

Guild membership number: _____

Full Name of applicant: _____

Company Name (if applicable): _____

Postal Address: _____

Phone: _____ Email: _____

Occupation & Job Description (details of work performed): _____

Annual Turnover Estimate: \$ _____

General & Statutory Liability information:

Does your job involve any cutting or welding work? ☐ YES ☐ NO

Do you manufacture Props? ☐ YES ☐ NO
If Yes, please advise full details

Do you use explosives or pyrotechnics in your job? ☐ YES ☐ NO

Do you own or operate any Drone /UAV? (no automatic cover) ☐ YES ☐ NO
If Yes, please advise number of Drones; Drone make/model/weight details; Operation uses; and Rough estimate of annual usage.

Do you have property valued at over \$500,000 and owned by someone else in your care, custody and control? ☐ YES ☐ NO

Have you agreed to hold harmless or indemnify any other party under contract? ☐ YES ☐ NO

Do you expect to work overseas during the next year? ☐ YES ☐ NO
If Yes please supply details of the countries and the number of days involved:

An additional premium may be payable depending on the countries involved.

Have you ever been involved in proceedings or received compliance notices or Fines for any breaches of any Acts of Parliament (excluding Transport Acts)? ☐ YES ☐ NO

Do you now have or expect to have any employees? ☐ YES ☐ NO
If Yes, please advise number of employees.

If the answer to any of the above questions is "Yes" please provide FULL details below.

Previous Insurance and claims details:

Have you ever claimed in respect of any risk to be insured within the past five years? ☐ YES ☐ NO

Date of Claim	Details	Cost \$	Insurer

Has any Insurer ever declined, cancelled or refused renewal of any policy or imposed special conditions or required increased premiums or excess? ☐ YES ☐ NO

If "Yes" please provide details on a separate sheet.

Please advise the name of your previous or existing Insurer: _____

DECLARATION:

I declare that the information provided in all sections of this application is true and correct in every respect and that I have not withheld any information within my knowledge likely to affect Chubb's decision as to the eligibility for this Insurance.

I agree and accept that this application and declaration shall be the basis of the proposed contract between Chubb and myself and I agree to accept Chubb's policy and the terms and conditions contained therein. I understand that any material misrepresentation or concealment of fact could make this application, and any insurance policy that is provided, VOID.

Signed: _____

Name: _____ Date: _____

THE SCREEN INDUSTRY GUILD Personal Accident Proposal Form

**This section is only applicable if Personal Accident cover is being sought.
If no cover for Personal Accident is required then no need to complete.**

Full name of applicant: _____

Date of Birth: _____ Height: _____ Weight: _____

In whose name should the Insurance be noted? _____

Medical Details

Have you ever had any accident, sickness or life insurance application declined or cover under any policy cancelled, renewal refused or any special conditions or increased premiums imposed?

☐ YES ☐ NO

Have you ever had medical or surgical advice, treatment, been confined in hospital or undergone any blood tests in the last five years?

☐ YES ☐ NO

Have you ever had or suffered from: Diabetes, Goiter, Epilepsy, Heart Disease, Chest Pains, High Blood Pressure, Nervous or Mental Disorder, Rheumatic Fever, Varicose Veins, Haemorrhoids, Tuberculosis, Asthma or Respiratory Diseases, Back or Muscle Pains, Rheumatism, Hernia, Cancer, Tumour or Growth of any kind, Sudden Weight Loss, Venereal Disease, Ulcers, any diseases of the Eye, Ear Or Stomach?

☐ YES ☐ NO

Do your work duties or leisure activities render you liable to injury or sickness e.g. scuba diving, snow skiing, handling asbestos, prolonged typing activities etc?

☐ YES ☐ NO

Are there any reasons that would cause you to consider yourself not in good physical health?

☐ YES ☐ NO

If the answer to any of the above questions is "Yes" please provide FULL details on a separate sheet.

Non-Scheduled Flights

How many flights do you anticipate during the next year as a passenger on a non-scheduled chartered aircraft?
_____ Helicopter flights _____ Other flights _____ Private flights

In which area and country are the flights? _____

For what purpose are the flights (e.g.: filming, transporting equipment, passenger only etc.) _____

If cover is required for non-scheduled flights additional premium will be payable – please refer to Gallagher Insurance. Please note there is no cover for Robinson helicopters.

DECLARATION:

I declare that the information provided in all sections of this application is true and correct in every respect and that I have not withheld any information within my knowledge likely to affect Chubb's decision as to the eligibility for this Insurance.

I agree and accept that this application and declaration shall be the basis of the proposed contract between Chubb and myself and I agree to accept Chubb's policy and the terms and conditions contained therein. I understand that any material misrepresentation or concealment of fact could make this application, and any insurance policy that is provided, VOID.

Signed: _____

Name: _____

Date: _____