

TATA AIG MEDIA PRODUCTION INSURANCE POLICY

UIN: IRDAN108CPMS0006V01202425



PROPOSAL FORM

The Underwriters are under no obligation to accept any proposal for insurance. If the Underwriters accept a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Policy Issuing Office Address & Code	
Intermediary/Agent Name & Code (if any)	

DETAILS ABOUT PROPOSER AND POLICY PERIOD

1.	Name of Proposer	
2.	Address of Proposer	
3.	Phone No. a. Mobile b. Landline	
4.	Email	
5.	Policy to be issued in favor of (list out all the parties who have insurable interest) including the financial institutions	1. 2. 3. Financier Name:
6.	Period of Insurance	From To (No. of Years in case of long-term policy: _____) Note: For Long term policy, Period shall not exceed 20 years.
7.	Nomination:	Nominee Name: Relationship with the insured:
8.	Do you want Physical Copy of this Policy document?	Yes/ No
9.	PAN*	

PRODUCTION INFORMATION:

10. Type of Production	<input type="checkbox"/> FEATURE <input type="checkbox"/> SERIES <input type="checkbox"/> SPECIAL
11. Shoot Genre	<input type="checkbox"/> Action <input type="checkbox"/> Drama <input type="checkbox"/> Sci-Fi <input type="checkbox"/> Horror <input type="checkbox"/> Comedy <input type="checkbox"/> Thriller <input type="checkbox"/> Documentary <input type="checkbox"/> Crime

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	<input type="checkbox"/> War <input type="checkbox"/> Any other, please specify _____
12. Is Shoot in Studio or Outside of Studio	<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/> BOTH
13 Storyline (Brief Description)	
14. Title of Production and Season No.	
15. Number and Length of Episodes	
16. No of episodes per year	
17. Start of Pre-Production	
18. Shooting Period	From _____ To _____
19. Shoot Locations	
20. Gross Production Costs	
21. Per episodic cost	
22. No of crew members to be covered under Personal Accident insurance	
23. Are cast and crew members being safeguarded from accidental injury / hospitalization.	<input type="checkbox"/> Group Mediclaim cover <input type="checkbox"/> Group Personal Accident cover <input type="checkbox"/> Covid cover
23. Are all necessary Permissions in place for the said event?	
24. Covid Protocols	
What are the covid protocols being followed while on set.	

<p>25. Safety Measures on Set</p>	<input type="checkbox"/> <i>Fire security measures</i> <input type="checkbox"/> <i>Security check points</i> <input type="checkbox"/> <i>Evacuation plans in case of emergency</i> <input type="checkbox"/> <i>Specific security checks for vendors</i> <input type="checkbox"/> <i>Crowd control measures</i> <input type="checkbox"/> <i>Surveillance</i>
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SPECIAL CONDITIONS:

<p>1. Special Conditions Please elaborate below</p>	<input type="checkbox"/> <i>Stunts or Hazardous Activities</i> <input type="checkbox"/> <i>Watercraft Filming</i> <input type="checkbox"/> <i>Filming on or near Railroads</i> <input type="checkbox"/> <i>Pyrotechnics</i> <input type="checkbox"/> <i>Vehicle Stunts/Precision Driving</i> <input type="checkbox"/> <i>Animals</i> <input type="checkbox"/> <i>Aircraft Filming (Drones)</i>
<p>2. Stunts or Hazardous Activities <i>Please complete questionnaire</i></p>	<p>Stunt or Hazardous Activity Assessment Category</p> <input type="checkbox"/> <i>Low</i> <input type="checkbox"/> <i>Moderate</i> <input type="checkbox"/> <i>High</i> <input type="checkbox"/> <i>Extreme</i>
<p>3. Aircraft/Drone Filming Advise number of days of aerial filming, maximum value of equipment, and safety measures to protect persons and property <i>Please complete questionnaire</i></p>	
<p>4. Watercraft Filming Advise number of days of filming on water, maximum value of equipment, and safety measures to protect persons and property <i>Please complete questionnaire</i></p>	
<p>5. Railroad Filming Advise number of days of filming on/near railroads, maximum</p>	

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value of equipment, and safety measures to protect persons and property Please complete questionnaire	
6. Use of Pyrotechnics Describe pyrotechnic activities, and any safety measures to protect persons and property. Please provide pyrotechnics license. Please complete questionnaire	
7. Precision Driving/Stunt Driving Describe precision driving/stunt driving activities and any safety measures to protect persons and property. Please provide Stunt Drivers resume. Please complete questionnaire	
8. Animals Please list total # of animals, estimated value for each and dates of use. Please complete questionnaire	
9. Special Effects	<p>Will the special effects require enhanced safety precautions? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <p>Will the special effects give rise to loud music, sound etc.? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <p>Are all the electric equipment been tested before use during the event? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

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CLAIMS HISTORY

Please attach separate liability claims history (both paid and outstanding and any related fees or expenses including legal fees) for the last 5 complete years net of any deductible and advise of any deductible applicable. Please also attach details of any existing litigation.

Signature: _____

Date: _____

Company Position: _____

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/ We hereby declare, on my behalf and on behalf of all persons proposed to be insured that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/ are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full payment of the premium chargeable. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.
- I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement

Signature of the Proposer: _____

Date: DD/MM/YYYY

Place: _____

Agent Declaration

I, _____
(Full Name) in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company. License No. (Intermediary/Corporate Agent/Broker/Relationship Officer)

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The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained to me. I/we have understood these and confirm to abide by the policy terms & conditions.

Signature of the Proposer: _____

Name & Signature of agent/intermediary/Specified Person: _____

Code: _____

Vernacular Declaration (*Certification in case the proposer has signed in vernacular/thumb print*)

The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the Proposer: _____

Name & Signature of agent/intermediary/Specified Person: _____

Signature of the Proposer: _____

AML Guidelines

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

2. I/we are not Politically Exposed Persons * nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

INSURANCE ACT 1938 SECTION 41- 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 the 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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

1. Nationality:

Indian

Non-Indian; If Non-Indian, please specify Country: _____

Additional Information

(If there is insufficient space to provide additional relevant information, whether as requested or otherwise, please attach extra sheet duly signed.)

Signature of the Proposer: _____

For office use only - Employee ID: _____ **Partner Reference ID** _____

Insurance is the subject matter of solicitation. For more details on risk factors, terms and conditions please read policy document carefully before concluding a sale.

Declaration of Health Form

Name of Insured Person		
Address		
Contact	Mobile	
	Landline	
Email		
Date of Birth (dd/mm/yyyy)		
Height (cm.)		
Weight (kgs.)		

Please tick YES or NO for each question		
1.	Have you taken part, or do you have plans to take part, in any hazardous activity such as ballooning, mountain cycling, motorbike racing, boxing, gliding, diving, horse riding, martial arts, motors racing, mountain climbing, parachuting, sailing, skiing, weight lifting, white water rafting, wrestling and / or flying other than as a fare paying passenger on a licensed service? (You must still answer YES and give details if you take part in a potentially hazardous activity which is not listed). if yes, please provide details in the special questionnaire which your advisor will give you	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Are you currently or do you intend to live or travel outside of India for more than 6 months in a financial year? if yes, please provide full details of countries to be visited and the purpose of visit and duration _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you smoked or used any form of tobacco in the past 12 months? if yes, please indicate in which form: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Beedi <input type="checkbox"/> Chewing Gutkha <input type="checkbox"/> Any Other <input type="text"/> <input type="text"/> Quantity per day	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Do you consume any form of alcohol? if yes, what type? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard Liquor <input type="text"/> <input type="text"/> Quantity per week	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are you currently taking any medication or drugs, other than minor conditions (e.g., cold and flu), either prescribed or not prescribed by a doctor, or have you suffered from any illness, disorder, disability or injury during the past 5 years which has required any form of medical or specialized examination (including chest X-ray gynecological investigations, pap smear, or blood tests), consultation, hospitalization or surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Do you have: congenital/birth defects, pain or problems in the back, spine, muscles or joint, arthritis, gout, severe injury or other physical disability and have you been in capable of working/ attending the school during the last 2 years for more than 3 consecutive days or are you currently in capable of working/ attending school? Please ignore normal pregnancy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Do you suffer from or ever had any medical ailments e.g., diabetes, high blood pressure, cancer, respiratory disease (including asthma), Kidney or liver disease, stroke, any blood disorder, heart problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Do you suffer from or ever had any medical ailments e.g., Hepatitis B or C, or tuberculosis, psychiatric disorders, depression, colitis, or any other stomach problems, thyroid disorders, reproductive organs, HIV AIDS or a related infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Do you suffer from or ever had any medical ailments e.g., tumor growth, prostrate disorder, disorder of skin or Lymph glands, multiple sclerosis, epilepsy, tremor, numbness, double vision or giddiness, speech defect, paralysis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Have you ever been advised /had a surgery or any medical investigations like X-ray, Ct scan, mammogram, pap smear etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Have you ever suffered from drug/narcotics or alcohol addiction or been advised by a doctor to reduce your alcohol/ tobacco consumption?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	In the last 3 years, have you been treated, or currently undergoing or have been advised for treatment from a doctor or specialist or undergone any cardiological, radiology or pathological tests (excluding routine check-ups)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered yes, to any of the questions between 5 and 12 please provide the details here:

Question No.	For question No 5 to 14 provide complete details including health condition, date of diagnosis, treatment prescribed, name/address of doctor-if applicable
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13.	Are you pregnant at present? If yes, duration in weeks _____ Date of last delivery (dd/mm/yyyy) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I understand and agree that the answers and statements made on this Health Declaration are full, complete and true in every particular and will form the basis of the contract. All material facts, being facts, which may influence the assessment of this risk have been disclosed in this health declaration. I consent

- a) To Tata AIG General Insurance Company Limited seeking medical information from any doctor, employer, any physician, nurse, hospital official or employee and authorize them to disclose to the Tata AIG General Insurance Company Limited any, and all information regarding any medical history and any matter relating to my physical or mental health.
- b) any hospital giving such information to Tata AIG General Insurance Company Limited and/or to the claims administrator or medical advisors.

Signature of the Insured Person: _____

<p>Vernacular Declaration (<i>Certification in case the proposer has signed in vernacular/thumb print</i>)</p> <p>The content of this form along with product benefits, terms/conditions and exclusions have been clearly explained by me in vernacular to the proposer who has understood and confirmed the same.</p> <p>Signature/Thumb impression of the Proposer: _____</p> <p>Name & Signature of agent/intermediary/Specified Person: _____</p> <p>Signature of the Proposer: _____</p>
