

Please Return to:

ESSEX INSURANCE BROKERS LIMITED
 2 BLENHEIM COURT
 NORTHOLT WAY
 HORNCHURCH
 ESSEX
 RM12 5RX

Business Property Claim Form

Please answer all questions on this page as fully as possible and the relevant sections on other pages. Details of claim for all sections should be entered on the back page. Please make sure you sign and date the form.

Please use BLOCK CAPITALS or TICKS the BOXES as appropriate.

Section 1 - Insured

Policy No. _____ Renewal Date _____ Date Premium Paid _____
 Name of Insured _____ (Any delay in payment may affect settlement of your claim)
 Address _____

 Post Code _____ Tel No. (Home) _____ (Business) _____
 Whom should our loss adjuster contact? _____

Have you	Yes	No	If Yes, please give full details including name and address of insurers where applicable	
- Suffered any loss or damage, or had any claims made against you in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>		
- had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused?	<input type="checkbox"/>	<input type="checkbox"/>		
- ever been convicted of arson or any criminal offence (other than motoring offences) or received a police caution or is any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>		
- previously held any insurance of this type?	<input type="checkbox"/>	<input type="checkbox"/>		

We reserve the right to contact your previous insurers to verify the information contained in this form.

	Yes	No
Are you registered for VAT purposes?	<input type="checkbox"/>	<input type="checkbox"/>

Section 2 - The Claim

Please state the name of the production

What is the total budget for the production you are claiming for? £

If your policy is an annual policy, what is your total annual turnover? £

Where was the production taking place?

	Yes	No
Is your claim being made under the Film Negatives All Risks section of your policy? If Yes, please complete Section 3.	<input type="checkbox"/>	<input type="checkbox"/>
Is your claim being made under the Film Producers Indemnity section of your policy? If Yes, please complete Section 4.	<input type="checkbox"/>	<input type="checkbox"/>
Is your claim being made under the Film Negatives All Risks and Film Producers Indemnity sections of your policy? If Yes, please complete BOTH Sections 3 and 4.	<input type="checkbox"/>	<input type="checkbox"/>

Please complete relevant section(s).

Section 3 - Film Negatives All Risks

The Property Lost or Damaged

Are you the owner? Yes No If No, state the name and address of the owner

Give the name(s) of any other party having an interest in the property

Are there any other insurance on the property? Yes No If Yes, give details (including name, address and policy no. of other insurers)

State total value of the property insured

Buidlings	Stock	Plant/Machinery
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other property		
£ <input type="text"/>		

State nature of occupancy of premises

Was the property lost or damaged kept in a basement? Yes No

Are you responsible by agreement for the property? If Yes, please forward a copy of the agreement. Yes No

Have you suffered a loss of this nature before? Yes No If Yes, give details and nature of claim

Name of insurers

Amount paid

£

The police must be informed at once if the claim is for articles lost or stolen or maliciously destroyed or damaged

Name and address of station

Officer's Number	Date	Crime no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have the police apprehended the culprits? If Yes, apply to them immediately for a restitution order and advise the company Yes No

Was the Fire Brigade called? Yes No

On what medium were you working? (e.g. video, digital, film, etc)

Date and time of loss/damage

Section 3 - Film Negatives All Risks (continued)

Address where loss/damage occurred

When & by whom discovered

State fully what happened

Where did the loss or damage occur?

Yes No

- At your own premises?
(If Yes, complete Section 3A)
- On location?
(If Yes, complete Section 3B)
- In transit?
(If Yes, complete Section 3C)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Section 3A - to be completed if the loss or damage occurred at your own premises

Yes No If No, state the date and time last occupied

Were the premises occupied at the time?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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If known state the name and address of person causing loss or damage

Are the final exit doors to your premises fitted with 5 lever mortice deadlocks?

Yes No If No, give details of other security fittings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Are all opening windows to your premises fitted with key operated locks?

<input type="checkbox"/>	<input type="checkbox"/>
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If alarm installed, was it activated?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Section 3B - to be completed if the loss or damage occurred on location

Where were the items at the time of loss or damage?

If the items were stored, when were they last seen and by whom?

Section 3C - to be completed if the loss or damage occurred whilst in transit

Starting point and destination of transit

How transit was being made

Make and Registration number of vehicle, if applicable

Total value of property on vehicle or in parcel(s)

Which Conditions of Carriage applied

Where was the vehicle parked?

Yes No If Yes, how was the vehicle secured?

Was the vehicle unattended?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Name, address and policy number of the motor insurers

Please provide details of your claim and provide documentary evidence to support the amounts claimed

Section 3 - Film Negatives All Risks (continued)

Is there any salvage?
If Yes, this must be retained for inspection/
collection by insurers

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any duplicates, copies or back-ups of
any of the material for which you are claiming?
If Yes, these must be retained for inspection/
collection by insurers.

<input type="checkbox"/>	<input type="checkbox"/>
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If No, please explain why.

Section 4 - Film Producers Indemnity

How many crew were involved?

Please state the names and roles of principal
persons (i.e. those on whom the production
was dependent e.g. Producer)

How many cast were involved?

Please state the names and roles of principal
persons (i.e. those on whom the production
was dependent e.g. lead actor/actress)

How many extras were involved?

Had the production already commenced at the
time of the loss or damage?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, state the date the production commenced

If No, state the date it was due to commence

When was the production due to be completed?

If this claim is due to incapacity of a member of
the cast or crew, please state the name, age and
role of the person(s) affected and confirm the
reason(s) they were unable to fulfil their role

If this claim is due to inaccessibility of a location,
please provide full details of the location, the reason
for the inaccessibility and copies of any contracts in
place allowing your use of the location

For all other reasons, please state fully the
circumstances leading to the failure to commence
or complete this production

Please provide details of your claim and provide
documentary evidence to support the amounts claimed

Declaration

I/We declare that these particulars are true to the best of my/our knowledge and belief. I/We understand that if any part of this claim is found to be fraudulent in any respect all benefits under this policy will be forfeited and I/we may be liable to prosecution.

I/We consent to Sterling Insurance Company Limited (SICL) contacting my/our previous insurers, insurance intermediaries, agents or brokers to check the answers I/we have provided and I/we authorise the giving of such information.

I/We understand that my personal data will be used by SICL for the purposes of my insurance, which could involve passing details to agents of SICL, other insurers or fraud prevention agencies.

Signature(s) _____ Date _____

Please print name(s) _____