# ADVERSE WEATHER (PHOTOGRAPHIC) PROPOSAL FORM

1. 1.1 Name of the Proposer

1.2 Address of Proposer

2. 2.1 Name of production Company

* 1. Name of agency

* 1. Name of client

Name of Product

* 1. Airdate

3. 3.1 Coverage required

Rain only YES / NO

Reasonable Photographic Conditions YES / NO

Sunshine YES / NO

Wind YES /NO

Precipitation YES / NO

3.2 How many hours in the scheduled day?

3.3 How many Non Consecutive hours insured out of the scheduled filming day?

* 1. How many consecutive hours insured out of filming day?

4. 4.1 Period of shoot

* 1. Number of days required
  2. Daily Filming Schedule, that cover is required from and to.

5. 5.1 Maximum sum insured per day

Total sum insured

6. 6.1 Location

6.2 Use of helicopters or specials effects (weather dependent). If yes, please give details.

Please attach: storyboard, script, shooting schedule and weather budget

**Please note : Continuity of weather conditions &/or clear blue sky ARE NOT COVERED by this form of insurance.**

Declaration to be read, signed and dated by proposer.

I/We declare that according to my/our knowledge and belief the answers given in the proposal form are true and compete and I/we have disclosed all material facts. I/we agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Signature of proposer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_