



UNDERWRITING MANAGERS

Tel: 0861 00 00 90
E-Mail: info@keu.o.za
Website: www.keu.co.za

ANIMAL MORTALITY PRODUCER PROPOSAL

NAME OF PRODUCTION COMPANY: (Insured Must Be South African Legal Entity)					
REGISTRATION NUMBER		VAT NUMBER			
NAME OF PRODUCER		YEARS OF EXPERIENCE			
NAME OF SHOOT					
DATE OF INSURANCE REQUIRED	FROM	Day / Month / Year	TO	Day / Month / Year	
DATE OF FILMING	FROM	Day / Month / Year	TO	Day / Month / Year	
WILL THE LOCATION BE:	PUBLIC SPACES	STUDIO BASED	PRIVATE PROPERTY RENTED (Please include hiring agreement)		
IF OTHER PLEASE EXPLAIN:					
PHYSICAL LOCATIONS OF SHOOT:					
SYNOPSIS OF SHOOT					
TYPE OF FILM /PRODUCTIONS TO BE INSURED OVER PERIOD:					
EDUCATIONAL / TRAINING		COMMERCIAL		DOCUMENTARY	
CORPORATE		MUSIC VIDEO		FEATURE	
TELEVISION DRAMA		OTHER PLEASE SPECIFY			
DOES THE APPLICANT INTEND TO FILM OUTSIDE THE RSA?		YES	IF YES, FOR WHAT PERIOD		
		NO			
SPECIFY COUNTRIES:					
WILL THE APPLICANT BE USING SPECIAL STUNTS (INCLUDING UNDERWATER OR AERIAL FILMING). PLEASE EXPLAIN					
APPLICANT'S PREVIOUS FILM EXPERIENCE:					
NAME OF ANIMAL		TYPE OF ANIMAL			
YEARS OF TRAINING IRO ANIMAL		AGE OF ANIMAL			
NAME AND ADDRESS OF OWNER:					



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VALUE OF ANIMAL	R		
NAME OF ANIMAL WRANGLER			
HAS ANIMAL PERFORMED IN FRONT OF CAMERA BEFORE, PLEASE PROVIDE DETAILS (ABBREVIATED PAST PERFORMANCES)	YES		
	NO		
HOW WILL THE ANIMAL BE TRANSPORTED TO AND FROM SET			
WHO WILL BE RESPONSIBLE FOR TRANSPORTATION OF THE ANIMAL			
LIMIT REQUIRED IRO VETENIRARY FEES:	R		

BRIEF DESCRIPTION OF ACTIVITIES AND SCENES OF ANIMAL(S)

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DECLARATION

Signing this application does not bind the applicant or the company to complete insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way to conceal or misrepresent material fact or circumstances concerning, this insurance or the subject thereof the entire policy shall be void.

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I/We have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on www.centriq.co.za

Please supply the following:

1. **Vet Certificate**
2. **Call Sheet**
3. **Story Board**
4. **Contract with Animal Wrangler**

INSURED NAME:		DATE	Day/Month/Year	SIGNATURE	
BROKING COMPANY		FSP NUMBER		SIGNATURE	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:					