



UNDERWRITING MANAGERS

Tel: 0861-00-0090
E-mail: info@keu.co.za
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ANNUAL EQUIPMENT ALL RISK INSURANCE APPLICATION FORM

1	NAME OF INSURED:		WEBSITE ADDRESS:	
2	REGISTRATION NUMBER:		VAT NUMBER:	
3	ADDRESS WHERE EQUIPMENT WILL BE KEPT:			
4	PHYSICAL PROTECTIONS AT THIS ADDRESS: PLEASE TICK THE APPLICABLE SECURITY MEASURES		<input type="checkbox"/> Burglar bars <input type="checkbox"/> CCTV record <input type="checkbox"/> All exterior doors have security gates <input type="checkbox"/> Alarm with armed response <input type="checkbox"/> Burglar bars in front of all windows	
5	TYPE OF SHOTS/EVNETS DONE:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Feature	<input type="checkbox"/> Documentary <input type="checkbox"/> Events <input type="checkbox"/> Own use
6	PERIOD OF INSURANCE:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
7	TYPE OF WORK DONE BY APPLICANT:			
8	NUMBER OF YEARS IN BUSINESS:			
TOTAL OF PRODUCTIONS AND TYPE PRODUCTIONS INSURED:		TOTAL OF EVENTS AND TYPE OF EVENT TO BE INSURED:		
EDUCATIONAL / TRAINING		COMMERCIAL		SEMINAR/ CONFERENCE
FEATURE		MUSIC VIDEO		SPORTING EVENT
DOCUMENTARY		TELEVISION DRAMA		SCHOOL EVENT
				MUSIC FESTIVAL
				FOOD/ LIFESTYLE
				MOTOR/ EXTREME SPORT
9	HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS			YES NO
10	IS EQUIPMENT HIRED OUT TO ANY THIRD PARTY WHERE THE INSURED WILL NOT BE IN DIRECT CONTROL OF THE EQUIPMENT? , IF YES, SUPPLY DETAILS AND PROVIDE RENTAL AGREEMENT			YES NO
11	WILL THERE BE AERIAL OR UNDERWATER PHOTOGRAPHY? , IF YES, SUPPLY DETAILS			YES NO
12	DOES THE INSURED WORK OUTSIDE SOUTH AFRICAN BORDERS? , IF YES, SUPPLY DETAILS			YES NO
13	AMOUNT OF EVENTS / SHOTS PER YEAR?			
14	ANNUAL TURN OVER EXPECTED FOR PERIOD TO BE INSURED			
15	APPROXIMATE SIZE (PERSONS ATTENDING) PER EVENT / SHOOT?			



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16	AGGREAGTED FREIGHT/ SHIPPING CHARGES (Additional Freight charges to replace insured items)		R
17	DAILY RENTAL CHARGES (To hire in additional equipment/ Loss or rent following a claim on insured equipment)		R
18	PUBLIC LIABILITY LIMIT IN THE AGGREGATE: (Liability is dependent on business description. For Film and Event liability we will require a separate proposal.)		R
19	EMPLOYERS LIABILITY LIMIT IN THE AGGREGATE: (Liability is dependent on business description. For Film and Event liability we will require a separate proposal.)		R
20	MAXIMUM DATA RECOVERY PER PRODUCITON: (Only where the operator is 100% responsible for the shoot and expenses)		R
21	NAME OF PREVIOUS INSURANCE COMPANY/IES?		
COMPANY:			CLAIMS LODGED: YES NO
COMPANY:			CLAIMS LODGED: YES NO
22	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:		
YEAR	VALUE	DESCRIPTION	
	R		
	R		
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT INCLUDING RAND VALUE TO BE INSURED			
DECLARATION			
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>For further information please read our Private Notice, which can be found on www.centriq.co.za</p>			
BROKING COMPANY		FSP NUMBER	SIGNATURE
NAME OF INSURED		DATE	SIGNATURE