



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## DEATH AND DISGRACE PROPOSAL

1	NAME OF INSURED: (Insured Must Be South African Legal Entity)						
2	REGISTRATION NUMBER:		VAT NUMBER:				
3	NAME OF PRODUCER		YEARS OF EXPERIENCE:				
4	NAME OF SHOOT/ EVENT:						
5	LOSS PAYEE (if other than insured):						
6	NAME OF PRINCIPLE (if other than insured):						
7	DATE OF INSURANCE REQUIRED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR		
8	DATE OF PRE-PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR		
9	DATE OF FILMING/ EVENT:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR		
10	DATE OF POST PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR		
11	WILL THE LOCATION BE:	PUBLIC SPACES	STUDIO BASED	PRIVATE PROPERTY RENTED			
IF OTHER PLEASE EXPLAIN:							
12	PHYSICAL LOCATIONS OF SHOOT/ EVENT:						
13	SYNOPSIS OF SHOOT:						
14	GIVE BRIEF OUTLINE OF THE NATURE, STYLE AND FORMAT OF THE CAMPAIGN						
15	HOW WILL THE CAMPAIGN BE TARGETED BETWEEN THE FOLLOWING:						
TELEVISION		%	MAGAZINE	%	COMMERCIAL RADIO	%	
CINEMA		%	NEWSPAPER	%	OUTDOOR	%	
IF OTHER PLEASE SPECIFY:							
16	HAVE ALL NECESSARY ARRANGEMENTS FOR THE SUCCESSFUL FULFILMENT OF THE CAMPAIGN TO BE INSURED BEEN MADE? IF NO, GIVE FULL DETAILS					YES	NO
17	HAVE ALL NECESSARY LICENCES, VISAS, PERMITS BEEN OBTAINED AND HAVE ALL CONTRACTUAL ARRANGEMENTS BEEN CONFIRMED IN WRITING? IF NO, GIVE FULL DETAILS.					YES	NO



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## DEATH AND DISGRACE PROPOSAL

18	IF THE PRESENT CAMPAIGN HAS EVER BEEN FLIGHTED BEFORE, UNDER THE PRESENT MANAGEMENT OR ANY OTHER, HAS THERE EVER BEEN A LOSS WHETHER INSURED OR OTHERWISE? IF YES, GIVE FULL DETAILS.	YES	NO
19	HAS THE PROPOSER EVER SUFFERED A LOSS WHETHER INSURED OR OTHERWISE IN RESPECT OF THEIR INVOLMENT IN ANY TYPE OF CAMPAIGN? IF YES, GIVE FULL DETAILS.	YES	NO
20	ARE THERE ANY OTHER MATERIAL FACTS OR ITEMS OF INFORMATION WITH REGARD TO THE PROPOSED CAMPAIGN OR ANY PERSON TO BE INSURED WHICH SHOULD BE DISCLOSED (A MATERIAL FACT IS ONE LIKELY TO INFLUENCE ACCEPTANCE OR ASSESSMENT OF THIS PROPOSAL BY UNDERWRITERS). IF YES, GIVE FULL DETAILS.	YES	NO
21	GIVE FULL DETAILS OF ESTIMATED BUDGET, BROKEN DOWN AS FOLLOWS:		
DESCRIPTION		AMOUNT	
PRE-PRODUCTION		R	
PRODUCTION		R	
POST-PRODUCITON		R	
ARTIST FEES		R	
TV AIRTIME FEES		R	
MEDIA FEES		R	
MARK-UP		R	
22	DESCRIPTION OF OTHER EXPENSES, NOT NOTED IN THE EXPENSE BUDGET:		
DESCRIPTION		AMOUNT	
		R	
		R	
		R	
		R	
23	DO YOU REQUIRE QUOTATION FOR FULL VALUE AT RISK	YES	NO
24	WHAT LIMIT OF INDEMNITY IS REQUIRED?	R	



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## DEATH AND DISGRACE PROPOSAL

25	PLEASE COMPLETE THIS PAGE FOR EACH INDIVIDUAL INSURED PERSON:								
26	WHAT IS THE INTENDED IMAGE THAT THE PERSON(S) TO BE INSURED IS/ARE TO PORTRAY								
27	DETAILS OF PERSON TO BE INSURED								
LEGAL NAME				STAGE NAME					
ID NUMBER				AGE		STATUS	SINGLE	MARRIED	DIVORCED
DOES PERSON TO BE INSURED HAVE ANY CHILDREN, IF YES, GIVE FULL DETAILS								YES	NO
NUMBER OF CHILDREN				AGES OF EACH CHILD					
28	HAS PERSON TO BE INSURED EVER BEEN CHARGED AND/OR CONVICTED OF A CRIMINAL OFFENCE. IF YES, GIVE FULL DETAILS							YES	NO
29	GIVE BRIEF CURRICULUM VITAE (CV) OF PERSON TO BE INSURED								
30	IS PERSON TO BE INSURED SUFFERING FROM ANY PHYSICAL, PSYCHOLOGICAL OR ANY OTHER MEDICAL CONDITION, IF YES, GIVE FULL DETAILS							YES	NO
31	HAS PERSON TO BE INSURED REQUIRED HOSPITALISATION AND/OR BEEN PRESCRIBED SCHEDULED DRUGS IN THE PAST 6 MONTHS, IF YES, GIVE FULL DETAILS							YES	NO
32	HAS ANY PERSON TO BE INSURED CAUSED A LOSS WHICH WOULD HAVE BEEN COVERED BY THIS TYPE OF INSURANCE? IF YES, GIVE FULL DETAILS							YES	NO
CASTING AGENT NAME:				CONTACT DETAILS:					
MODEL AGENT NAME:				CONTACT DETAILS:					



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## DEATH AND DISGRACE PROPOSAL

33	NAME OF PREVIOUS INSURANCE COMPANY/IES?		
COMPANY:		CLAIMS LODGED:	YES
			NO
34	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:		
YEAR	VALUE	DESCRIPTION	
	R		
	R		
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 <a href="http://www.centriq.co.za">www.centriq.co.za</a></p>			

Please supply the following:

1. Call Sheet
2. Story Board

INSURED FULL NAME:		DATE:	DAY / MONTH / YEAR
SIGNATURE:			
NAME OF BROKING COMPANY:		FSP NUMBER:	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:			
CONTACTING DETAILS OF BROKER / BROKING COMPANY:			