



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
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## EXHIBITION ALL RISK INSURANCE APPLICATION FORM

NAME OF INSURED (Must be a South African Legal Entity)					
WEBSITE ADDRESS:					
REGISTRATION NUMBER					
VAT NUMBER					
NAME OF EXHIBITION					
DETAILED DESCRIPTION OF THE EXHIBITION AND SPECIFICALLY REFERRING TO THE EQUIPMENT BEING USED					
VENUE WHERE THE EXHIBITION WILL BE HELD					
VENUE WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE					
PHYSICAL PROTECTIONS AT THE VENUE/ EXHIBITION					
PHYSICAL PROTECTIONS AT THE VENUE WHEN NOT IN USE					
IS THE EXHIBITION		INDOORS		OUTDOORS	
PERIOD OF INSURANCE	FROM:		TO:		
PERIOD OF EXHIBITION	FROM:		TO:		
TIME OF THE EXHIBIT	FROM:		AM PM	TO:	AM PM
WHO IS THE CURRENT OWNER OF THE EQUIPMENT					
IS THE OWNER CHARGING RENTAL FEES? IF YES, HOW MUCH?			YES NO	R	
PERSON RESPONSIBLE FOR EQUIPMENT AND INVENTORY					
NUMBER OF YEARS IN BUSINESS:					
HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS				YES	NO
WILL EQUIPMENT BE ATTACHED TO ANY TEMPORARY CONSTRUCTION I.E. STAGES, SCAFFOLDING, MARQUEES? IF YES, SUPPLY DETAILS				YES	NO



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IS THE EQUIPMENT CURRENTLY INSURED		YES	NO
IS INSURED RESPONSIBLE FOR TRANSPORTATION OF THE EQUIPMENT, IF YES WHO WILL BE TRANSPORTING AND PROVIDE DETAIL DESCRIPTION OF PACKAGING		YES	NO
WILL THE EQUIPMENT BE USED OUTSIDE SOUTH AFRICAN BORDERS? , IF YES, SUPPLY DETAILS		YES	NO
LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:			
YEAR	VALUE	DESCRIPTION	
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED INCLUDING REPLACEMENT VALUE			
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 have read the above and agree that to the best of my / our knowledge and belief same fully represents the true statements of facts.</p>			
INSURED			
DATE			
SIGNATURE			
NAME OF BROKING COMPANY			
FSP NUMBER			
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:			
CONTACT DETAILS			