



UNDERWRITING MANAGERS

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

COMMERCIAL & FILM PRODUCER PROPOSAL

1	NAME OF PRODUCTION COMPANY: (Insured Must Be South African Legal Entity)			
2	REGISTRATION NUMBER:		VAT NUMBER:	
3	NAME OF PRODUCER:		YEARS OF EXPERIENCE:	
4	NAME OF SHOOT:			
5	DATE OF PRE-PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
6	DATE OF FILMING (PRINCIPAL):	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
7	DATE OF POST PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
8	BUDGET / PRODUCTION COSTS (ATTACH A COPY OF THE BUDGET)		R (Vat Inclusive)	
9	WILL THE LOCATION BE:	PUBLIC SPACES	STUDIO BASED	PRIVATE PROPERTY RENTED (Please include hiring agreement)
	IF OTHER PLEASE EXPLAIN:			
10	PHYSICAL LOCATIONS OF SHOOT:			
11	SYNOPSIS:			
12	TYPE OF PRODUCTIONS TO BE INSURED OVER PERIOD:			
	EDUCATIONAL / TRAINING	STILL	CORPORATE	COMMERCIAL
	DOCUMENTARY	TELEVISION DRAMA	FEATURE	MUSIC VIDEO
	OTHER PLEASE SPECIFY			
13	PRODUCTION IS ON:	FILM	DIGITAL	OTHER
14	DOES THE APPLICANT INTEND TO FILM OUTSIDE THE RSA?	YES	IF YES, FOR WHAT PERIOD	
		NO		
	SPECIFY COUNTRIES:			
15	WILL THE APPLICANT BE USING SPECIAL STUNTS (INCLUDING UNDERWATER OR AERIAL FILMING). PLEASE EXPLAIN			
16	WILL THE APPLICANT BE USING SCENES INVOLVING	ANIMALS	EXPLOSIVES, DANGEROUS SUBSTANCES	CHILDREN
		MOTORCYCLES, SPECIAL VEHICLES, BOATS, AIRCRAFT		HAZARDOUS ACTIVITIES
	IF YES PLEASE PROVIDE DETAIL			
17	APPLICANT'S PREVIOUS FILM EXPERIENCE:			
18	SOURCE OF APPLICANT'S FINANCING:			



UNDERWRITING MANAGERS

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

COMMERCIAL & FILM PRODUCER PROPOSAL

19	TOTAL VALUE OF FOOTAGE STORED AT ANY ONE LOCATION WITHOUT PRIOR PRINT OR EDITING:				
LOCATION:			VALUE:	R	
20	WHERE WILL EDITING / POST PRODUCTION TAKE PLACE:				
21	DESCRIBE ANY SPECIAL FILM PROCESSES OR EQUIPMENT (RUSSIAN ARM/ DRONES ETC.)				
22	WHERE WILL EQUIPMENT BE KEPT DURING USE?				
23	LOCATION TO WHICH EQUIPMENT IS RETURNED WHEN NOT IN USE?				
24	INDICATE ALL SECURITY MEASURES AT SITE / LOCATION:				
25	INDIVIDUAL PERSON RESPONSIBLE FOR INVENTORY CONTROL:				
NAME:			POSITION:		
26	HOW WILL EQUIPMENT BE TRANSPORTED?				
27	HIRED-IN EQUIPMENT (REPLACEMENT VALUE):		LIMIT:	R	
28	OWNED EQUIPMENT (ONLY IF THERE IS A HIRING AGREEMENT)		LIMIT:	R	
29	NAME OF PREVIOUS INSURANCE COMPANY/IES?				
COMPANY:			CLAIMS LODGED:	YES	NO
COMPANY:			CLAIMS LODGED:	YES	NO
30	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:				
YEAR		VALUE	DESCRIPTION		
		R			
		R			
31	NOMINATED KEY CAST & CREW: (CAN'T SHOOT WITHOUT THEM, CAN INCLUDE ANIMALS)				
THIS DOES NOT INCLUDE MEDICAL EXPENSE. THIS SECTION ONLY COVERS THE FINANCIAL LOSS SUFFERED BY PRODUCTION DUE TO THE NON-APPEARANCE OF NOMINATED KEY CAST AND CREW					
1.	NAME:		POSITION:		AGE:
2.	NAME:		POSITION:		AGE:



UNDERWRITING MANAGERS

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

COMMERCIAL & FILM PRODUCER PROPOSAL

3.	NAME:		POSITION:		AGE:	
4.	NAME:		POSITION:		AGE:	
5.	NAME:		POSITION:		AGE:	
6.	NAME:		POSITION:		AGE:	
7.	NAME:		POSITION:		AGE:	
8.	NAME:		POSITION:		AGE:	

COVER IS RESTRICTED FOR ACCIDENTAL RISKS ONLY UNTILL COMPLETED DECLARATION OF HEALTH IS RECEIVED
OR FULL MEDICAL SUBMITTED BY A DOCTOR IF REQUESTED BY UNDERWRITERS

32	PROPS, SETS & WARDROBE (REPLACEMENT VALUE)	LIMIT:	R
33	PLEASE DESCRIBE ANY SPECIAL PROPS, EQUIPMENT OR SETS TO BE USED:		
34	MAXIMUM PERIOD REQUIRED TO RECONSTRUCT SET:		
35	THIRD PARTY PROPERTY DAMAGE: <small>(Physical damages to the filming location)</small>	LIMIT:	R
36	PUBLIC LIABILITY (SA JURISDICTION ONLY) <small>(Any one not part of the shoot i.e. audience)</small>	LIMIT:	R
37	EMPLOYERS LIABILITY: (SA JURISDICTION) <small>(Cast, crew, contestants)</small>	LIMIT:	R
38	MONEY (MAXIMUM ON LOCATION) <small>(Physical petty cash carried by crew)</small>	LIMIT:	R
39	RIOT AND STRIKE (Limited to 25% of the extra expense cost) <small>(Should insured have to cancel or postpone due to riot or strike)</small>	YES	NO
40	OFFICE CONTENTS <small>(For temporary office on location during extending filming only)</small>	LIMIT:	R
41	LAPTOPS (Owned and Used by Crew) MUST SUPPLY A REGISTER <small>(Electronic Equipment used specific and directly for the production)</small>	LIMIT:	R
42	PERSONAL ACCIDENT: (INSURED MUST PROVIDE A LIST OF ALL CAST & CREW TO BE INSURED) Personal accident insurance does not replace medical aid, as it only pays in terms of very specific incidents occurring, as set out in the policy terms. The injury, disability or death must directly be a result of an accident.		
DEATH LIMIT & PERMANENT TOTAL DISABLEMENT		LIMIT:	R
TEMPORARY TOTAL DISABLEMENT		LIMIT PER WEEK:	R
		NO. OF WEEKS	
MEDICAL EXPENSES		LIMIT:	R
NUMBER OF CAST ON SET PER DAY		NUMBER OF CREW ON SET PER DAY	
NUMBER OF STUNT CREW ON SET PER DAY		NUMBER OF EXTRAS ON SET PER DAY	



UNDERWRITING MANAGERS

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

COMMERCIAL & FILM PRODUCER PROPOSAL

HOW MANY FILMING DAYS IN TOTAL?					
SHOULD PERSONAL ACCIDENT COVER BE REQUIRED FOR ANY OTHER DAYS/ PLEASE PROVIDE DETAIL					
43	MOTOR:				
ACTION MOTOR	HIRED IN VEHICLES	PROP/ STATIONARY MOTOR	VALUE:	R	
MAKE:			MODEL		
REGISTRATION NO.			VIN NO.		
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	
44	MOTOR:				
ACTION MOTOR	HIRED MOTOR	PROP/ STATIONARY MOTOR	VALUE:	R	
MAKE:			MODEL		
REGISTRATION NO.			VIN NO.		
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	
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>					

Please supply the following:

1. Budget
2. Call Sheet
3. Story Board

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