



UNDERWRITING MANAGERS

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

MOTOR PROPOSAL

1	NAME OF INSURED: (Insured must be South African Legal Entity)			
2	REGISTRATION NUMBER:		VAT NUMBER:	
3	NAME OF PRODUCER/ EVENT ORGANISER:			
4	YEARS OF EXPERIENCE AS PRODUCER/ EVENT ORGANISER:			
5	NAME OF SHOOT/ EVENT:			
6	DATE OF INSURANCE REQUIRED:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
7	DATE OF FILMING/ EVENT:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
8	PHYSICAL LOCATIONS OF SHOOT/ EVENT:			
9	BRIEF DESCRIPTION OF EVENT/ SHOOT:			
10	SPECIFY USE OF VEHICLE(S) DURING FILMING OR AT EVENTS OR EXHIBITIONS:			
11	WILL ANY STUNTS/ HAZARDOUS DRIVING BE INVOLVED		YES NO	
12	LEGAL OWNER OF VEHICLE:		MAXIMUM SPEED OF VEHICLE:	KM/H
13	ADDRESS WHERE VEHICLES ARE PARKED OVERNIGHT:			
14	SPECIFIC SECURITY AT ADDRESS:			
15	NOMINATED TRANSPORT MANAGER (OR THE LIKE) RESPONSIBLE FOR INVENTORY AND SECURITY:			
16	WILL THE APPLICANT BE USING SCENES INVOLVING STUNTS/ SPECIAL EFFECTS?			YES NO
IF YES PLEASE PROVIDE DETAIL				
SPECIFIC DETAILS OF SPECIFIED VEHICLES (INSURED COULD PROVIDE SEPARATE LIST)				
ACTION MOTOR		PROP/ STATIONARY MOTOR		
HIRED IN VEHICLES		VALUE:	R	
MAKE:		MODEL		
REGISTRATION NO.		VIN NO.		
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR



UNDERWRITING MANAGERS

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

MOTOR PROPOSAL

ACTION MOTOR			PROP/ STATIONARY MOTOR	
HIRED MOTOR			VALUE:	R
MAKE:			MODEL	
REGISTRATION NO.			VIN NO.	
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR

ACTION MOTOR			PROP/ STATIONARY MOTOR	
HIRED MOTOR			VALUE:	R
MAKE:			MODEL	
REGISTRATION NO.			VIN NO.	
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR

ACTION MOTOR			PROP/ STATIONARY MOTOR	
HIRED MOTOR			VALUE:	R
MAKE:			MODEL	
REGISTRATION NO.			VIN NO.	
DATE BEING USED:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR

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. Call Sheet/ Event advertising
2. Story Board
3. Event Description

INSURED:		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:					