

Tel: 0861-00-0090 E-mail: <u>info@keu.co.za</u>

## ONCE OFF EQUIPMENT ALL RISK INSURANCE APPLICATION FORM

NAME OF INSURED: (Must be South African Legal Entity)			WEBSITE ADDRESS:								
REGISTRATION NUMBER:				VAT NUMBER:							
NAME OF SHOOT/ EVENT:											
LOCATION OF SHOOT OR EVENT:											
ADDRESS WHERE EQUIPMENT WILL BE KEPT:											
PHYSICAL PROTECTIONS AT THIS ADDRESS: Locked in secured room, only insured will have access Hired third party armed guards											
IF OTHER PLEASE ADVICE?											
ADDRESS WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE:											
PHYSICAL PROTECTIONS AT THIS ADDRESS WHEN NOT II			Locked in alarm, access-controlled room			Hired third party armed guards		guards			
IF OTHER PLEASE ADVICE?											
PERIOD OF INSURANCE REQUIRED:			DAY /	MONTH / YEAR	TO:	DAY / MO	NTH / Y	EAR			
PERIOD OF SHOOT/ EVENT			DAY /	MONTH / YEAR	то:	DAY / MO	NTH / Y	EAR			
SYNOPSIS OF SHOOT/ SHORT DESCR	RIPTION OF EVENT			-							
PERSON RESPONSIBLE FOR EQUIPM	IENT AND INVENTO	RY CONTR	OL								
NUMBER OF YEARS IN BUSINESS:											
HAS THE INSURED TRADED UNDER A	NY OTHER COMPA	NY NAME D	URING	THE PAST 5 YEARS,	IF YES	S, SUPPLY DE	TAILS	YES			
IS THE EQUIPMENT CURRENTLY INSURED? IF YES, SUPPLY DETAILS											
								NO			
WHO IS THE CURRENT OWNER OF THE EQUIPMENT											
IS THE OWNER CHARGING RENTAL FEES? IF YES, HOW MUCH?    YES   NO   R											
WILL THERE BE AERIAL OR UNDERW	ATER PHOTOGRAP	PHY? IF YE	S, SUPP	LY DETAILS			YES	NO			



Tel: 0861-00-0090 E-mail: <u>info@keu.co.za</u>

ONDERWITING MANAGER

## ONCE OFF EQUIPMENT ALL RISK INSURANCE APPLICATION FORM

IS INSURED RESPONSIBLE FOR TRANSPORTATION OF THE EQUIPMENT, IF YES WHO WILL BE TRANSPORTING  VES NO AND PROVIDE DETAILED DESCRIPTION OF PACKAGING AND MODE OF TRANSPORT  WILL THE EQUIPMENT BE USED OUTSIDE SOUTH AFRICAN BORDERS?, IF YES, SUPPLY DETAILS  YES NO  IS THE EQUIPMENT BEING HIRED OUT, IF YES, WHO IS THE HIRING COMPANY  YES NO  LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR  VALUE  DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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 factor circumstances concerning, this insurance or the subject thereof the entire policy shall be void.  Whe warrant that the answers given are true and correct. All details provided on this torm 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.  We have read the above and agree that to the best of my / our knowledge and belief if fully represents the true statements of facts.  Leonsent to KEU Underwriting Managers, Cantriq 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.  DATE: DAY / MONTH / YEAR SIGNATURE:											
WILL THE EQUIPMENT BE USED OUTSIDE SOUTH AFRICAN BORDERS? , IF YES, SUPPLY DETAILS  YES NO  IS THE EQUIPMENT BEING HIRED OUT, IF YES, WHO IS THE HIRING COMPANY  YES NO  LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR VALUE  DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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 frauddlently, 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 vaid.  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 (PTV) 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.  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 (PTV) 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.  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, 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 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 wwww.centrig.co.za  INSURED:  DATE:  DA		WILL EQUIPMENT BE ATTACHED TO ANY TEMPORARY CONSTRUCTION I.E. STAGES, SCAFFOLDING, MARQUEES? IF YES, SUPPLY DETAILS									
WILL THE EQUIPMENT BE USED OUTSIDE SOUTH AFRICAN BORDERS? , IF YES, SUPPLY DETAILS  YES NO  IS THE EQUIPMENT BEING HIRED OUT, IF YES, WHO IS THE HIRING COMPANY  YES NO  LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR VALUE  DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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 frauddlently, 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 vaid.  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 (PTV) 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.  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 (PTV) 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.  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, 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 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 wwww.centrig.co.za  INSURED:  DATE:  DA											
LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR VALUE DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  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 dain may be rejected, and the policy scarcelled.  Lonsent 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.centrig.co.za  INSURED: DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY: FSP NUMBER:						VILL BE TRANSPORTING	YES	NO			
LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR VALUE DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  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 dain may be rejected, and the policy scarcelled.  Lonsent 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.centrig.co.za  INSURED: DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY: FSP NUMBER:											
LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR  VALUE  DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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 (PTV) 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.  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.  Unonsent to KEU Underwriting Managers, Centric, and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information please read our Private Notice, which can be found on <a href="https://www.www.eentric.co.za">www.eentric.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  RMAE OF BROKING COMPANY:  NAME OF BROKIN	WILL THE EQUI	PMENT BE USED (	OUTSIDE SOUTH A	FRICAN BO	RDERS? , IF YES, SUPPL	Y DETAILS	YES	NO			
LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:  YEAR  VALUE  DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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 (PTV) 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.  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.  Unonsent to KEU Underwriting Managers, Centric, and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information please read our Private Notice, which can be found on <a href="https://www.www.eentric.co.za">www.eentric.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  RMAE OF BROKING COMPANY:  NAME OF BROKIN											
YEAR VALUE DESCRIPTION  R  PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  Whe 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.  Whe have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.  Iconsent to KEU Underwriting Managers, Centric 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 <a href="https://www.centrig.co.za">www.centrig.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:	IS THE EQUIPMENT BEING HIRED OUT, IF YES, WHO IS THE HIRING COMPANY						YES	NO			
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  IWV e 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.  IWV 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DATE:  DAY / MONTH / YEAR SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:			LIST ALL PF	REVIOUS CI	AIMS FOR PAST 5 YEAR	S:					
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  IWe 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.  IWe 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DATE:  DATE:  DAY / MONTH / YEAR SIGNATURE:  PSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:	YEAR	VALUE	VALUE DESCRIPTION								
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED  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.  If 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.  If 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.  It 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME OF BROKING COMPANY:  RAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:		R									
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 factor circumstances concerning, this insurance or the subject thereof the entire policy shall be void.  IWe 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.  IWe 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:		R									
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.  If 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.  If 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.  It 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:		PLEASI	ATTACHED A DE	TAILED LIS	T OF EQUIPMENT TO BE	INSURED					
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 factor circumstances concerning, this insurance or the subject thereof the entire policy shall be void.  If 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.  If 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.  If 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR  SIGNATURE:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:				DECL	ARATION						
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.  It was read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.  It 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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	of the contract shou	uld a policy be issued.	If any of the above que	stions have be	een answered fraudulently, or ir						
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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:											
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 <a href="https://www.centriq.co.za">www.centriq.co.za</a> INSURED:  DATE:  DAY / MONTH / YEAR  SIGNATURE:  FSP NUMBER:  NAME OF BROKING COMPANY:  FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:		•		•	• •						
INSURED: DATE: DAY / MONTH / YEAR SIGNATURE:  NAME OF BROKING COMPANY: FSP NUMBER:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:						ersonal information in accordan	ce with the P	otective			
NAME OF BROKING COMPANY:  NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	For further informat	tion please read our Pri	vate Notice, which can	be found on y	vww.centriq.co.za						
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	INSURED:		DATE: DAY / MONTH / YEAR			SIGNATURE:					
INSURED WITH COMPLETION:	NAME OF BROKING COMPANY:					FSP NUMBER:					
CONTACT DETAILS			BROKER THAT ASSI	STED							
	CONTACT DETAIL	_S									