



UNDERWRITING MANAGERS

Tel: 0861-00-0090

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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 ADVISE?			
ADDRESS WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE:			
PHYSICAL PROTECTIONS AT THIS ADDRESS WHEN NOT IN USE:		Locked in alarm, access-controlled room	Hired third party armed guards
IF OTHER PLEASE ADVISE?			
PERIOD OF INSURANCE REQUIRED:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
PERIOD OF SHOOT/ EVENT	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
SYNOPSIS OF SHOOT/ SHORT DESCRIPTION OF EVENT			
PERSON RESPONSIBLE FOR EQUIPMENT AND INVENTORY CONTROL			
NUMBER OF YEARS IN BUSINESS:			
HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE EQUIPMENT CURRENTLY INSURED? IF YES, SUPPLY DETAILS			<input type="checkbox"/> YES <input type="checkbox"/> NO
WHO IS THE CURRENT OWNER OF THE EQUIPMENT			
IS THE OWNER CHARGING RENTAL FEES? IF YES, HOW MUCH?		<input type="checkbox"/> YES <input type="checkbox"/> NO	R
WILL THERE BE AERIAL OR UNDERWATER PHOTOGRAPHY? IF YES, SUPPLY DETAILS			<input type="checkbox"/> YES <input type="checkbox"/> NO



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WILL EQUIPMENT BE ATTACHED TO ANY TEMPORARY CONSTRUCTION I.E. STAGES, SCAFFOLDING, MARQUEES? IF YES, SUPPLY DETAILS

YES

NO

IS INSURED RESPONSIBLE FOR TRANSPORTATION OF THE EQUIPMENT, IF YES WHO WILL BE TRANSPORTING AND PROVIDE DETAILED DESCRIPTION OF PACKAGING AND MODE OF TRANSPORT

YES

NO

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	
	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 (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

INSURED:

DATE:

DAY / MONTH / YEAR

SIGNATURE:

NAME OF BROKING COMPANY:

FSP NUMBER:

NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:

CONTACT DETAILS