



UNDERWRITING MANAGERS

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

PERSONAL ACCIDENT PROPOSAL

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.

1	NAME OF INSURED: (Insured Must Be South African Legal Entity)			
2	REGISTRATION NUMBER:		VAT NUMBER:	
3	NAME OF PRODUCER/ EVENT ORGANIZER:		YEARS OF EXPERIENCE:	
4	NAME OF SHOOT/ EVENT:			
5	DATE OF INSURANCE REQUIRED:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
6	DATE OF PRE-PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
7	DATE OF FILMING/ EVENT:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
8	DATE OF POST PRODUCTION:	FROM:	DAY / MONTH / YEAR	TO: DAY / MONTH / YEAR
9	WILL THE LOCATION BE:	PUBLIC SPACES	STUDIO BASED	PRIVATE PROPERTY RENTED
IF OTHER PLEASE EXPLAIN:				
10	PHYSICAL LOCATIONS OF SHOOT/ EVENT:			
11	SYNOPSIS OF SHOOT/ DESCRIPTION OF EVENT:			
12	TYPE OF FILM /PRODUCTIONS TO BE INSURED:		TYPE OF EVENT TO BE INSURED:	
EDUCATIONAL / TRAINING		COMMERCIAL	SEMINAR/ CONFERENCE	MUSIC FESTIVAL
FEATURE		MUSIC VIDEO	SPORTING EVENT	FOOD/ LIFESTYLE
DOCUMENTARY		TELEVISION DRAMA	SCHOOL EVENT	MOTOR/ EXTREME SPORT
IF OTHER PLEASE SPECIFY:				
13	DOES THE APPLICANT INTEND TO WORK OUTSIDE THE RSA?		YES NO	IF YES, FOR WHAT PERIOD:
SPECIFY COUNTRIES:				
14	WILL THE APPLICANT BE MAKING USE OF SPECIAL STUNTS/ HAZARDOUS ACTIVITIES PLEASE EXPLAIN:			YES NO
15	WILL THE APPLICANT BE USING SCENES INVOLVING :	ANIMALS	EXPLOSIVES, DANGEROUS SUBSTANCES	CHILDREN
		MOTORCYCLES, SPECIAL VEHICLES, BOATS, AIRCRAFT		HAZARDOUS ACTIVITIES
IF YES PLEASE PROVIDE DETAIL				



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19	APPLICANT'S PREVIOUS FILM/ EVENT EXPERIENCE:			
20	NAME OF PREVIOUS INSURANCE COMPANY/IES?			
COMPANY:		CLAIMS LODGED:	YES	
			NO	
COMPANY:		CLAIMS LODGED:	YES	
			NO	
21	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:			
	YEAR	VALUE	DESCRIPTION	
		R		
		R		
22	PERSONAL ACCIDENT: (INSURED MUST PROVIDE A LIST OF ALL CAST & CREW TO BE INSURED)			
DEATH & PERMANENT TOTAL DISABLEMENT LIMIT		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	
HOW MANY FILMING/ EVENT DAYS IN TOTAL?			HOW MANY NON-WORKING DAYS IN TOTAL?	
24	ARE THERE ANY INTERNATIONALS THAT NEED TO BE INSURED, IF YES PLEASE PROVIDE DETAILS			YES
				NO
25	SHOULD DIFFERENT PERSONAL ACCIDENT LIMITS HAVE TO APPLY FOR SPECIFIED INDIVIDUALS/ GROUP OF INDIVIDUALS, PLEASE PROVIDE DETAILS			
26	HOW WILL INSURED INDIVIDUALS BE TRAVELING TO AND FROM EVENT/ SET			
OWN TRANSPORT		GROUP TRANSPORT ORGANIZED BY INSURED		AIR/ MARINE TRANSPORT ORGANIZED BY INSURED



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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**
2. **Story Board**

INSURED FULL NAME:		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:			