



UNDERWRITING MANAGERS

Tel: 0861 00 00 90

E-mail: info@keu.co.za

E-mail: iola@keu.co.za

PRIZE INDEMNITY PROPOSAL FORM

1	NAME OF INSURED:	
2	NAME OF PRODUCT CLIENT:	
3	ADDRESS AND WEBSITE OF APPLICANT	
4	ADDRESS WHERE THE EVENT WILL TAKE PLACE	
5	NUMBER OF PARTICIPANTS:	
6	NUMBER OF ATTEMPTS PER PARTICIPANT:	
7	NUMBER OF ATTEMPTS IN TOTAL:	
11	PERIOD / DATE WHEN COVER IS REQUIRED:	
12	NAME OF EVENT:	
13	CONCEPT	
14	PRIZE LIMIT PER WINNER (INCL VAT)	
15	PRIZE LIMIT IN TOTAL (INCL VAT)	
16	IS LIMIT PAID AS	
PRIZE	R	CASH R

PLEASE INCLUDE ALL RELEVANT HISTORY ACHIEVEMENTS OF THE ABOVE CONCEPT



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Please note that KEU will appoint a third party to witness the event, this will be at the cost of the 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 have read the above and agree that to the best of my / our knowledge and belief same fully represents the true statements of facts.

INSURED	
DATE	
SIGNATURE	
NAME OF BROKING COMPANY	
FSP NUMBER	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	
CONTACT DETAILS	