



UNDERWRITING MANAGERS

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

VIRTUAL EVENT CANCELLATION PROPOSAL

1	NAME OF PRODUCTION COMPANY: (Must Be South African Legal Entity)				
2	REGISTRATION NUMBER:		VAT NUMBER:		
3	NAME OF EVENT ORGANIZER:				
4	NAME OF EVENT:				
5	PERIOD OF INSURANCE REQUIRED	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR
6	DATE OF PRE-FILMING	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR
7	DATE OF EVENT	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR
8	DATE OF POST PRODUCTION	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR
9	BUDGET / PRODUCTION COSTS: (VAT INCL)		R		
10	IS THE EVENT:	PRE RECORDED	LIVE VIRTUAL	BOTH PRERECORDING'S WITH LIVE VIRTUAL EVENT	
11	IF PRERECORDED WHAT IS THE VALUE OF THE FOOTAGE?		R		
12	PHYSICAL LOCATIONS OF SHOOT/EVENT:				
13	DETAILED DESCRIPTION OF THE EVENT:				
14	EXPECTED NUMBER OF PERSONS TO VIEW THE EVENT:				
15	EXPECTED NUMBER OF ATTENDANCE:				
16	DATA CAPACITY USED FOR THE LIVE STREAM:				
17	RECOURSES BEING USED TO STREAM THE EVENT:				
18	BACK UP SYSTEMS IN PLACE TO ENSURE EVENT SUCCESS:				
19	IS HIRED-IN EQUIPMENT COVER REQUIRED?	YES NO	REPLACEMENT VALUE	R	
20	WHERE WILL EQUIPMENT BE KEPT DURING USE?				
21	LOCATION TO WHICH EQUIPMENT IS RETURNED WHEN NOT IN USE?				
22	INDICATE ALL SECURITY MEASURES AT SITE / LOCATION:				
23	NAME OF PREVIOUS INSURANCE COMPANY/IES?				
COMPANY:			CLAIMS LODGED:	YES	
				NO	



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23	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:			
CAUSE:			VALUE:	R
24	NOMINATED KEY CAST & CREW: (CAN'T SHOOT WITHOUT THEM, CAN INCLUDE ANIMALS)			
THIS DOES NOT INCLUDE MEDICAL EXPENSE. THIS SECTION ONLY COVERS THE FINANCIAL LOSS SUFFERED BY PRODUCTION DUE TO THE NON-APPEARANCE OF NOMINATED KEY CAST AND CREW				
1.	NAME:		POSITION:	AGE:
2.	NAME:		POSITION:	AGE:
3.	NAME:		POSITION:	AGE:
4.	NAME:		POSITION:	AGE:
COVER IS RESTRICTED FOR ACCIDENTAL RISKS ONLY UNTILL COMPLETED DECLARATION OF HEALTH IS RECEIVED OR FULL MEDICAL SUBMITTED BY A DOCTOR IF REQUESTED BY UNDERWRITERS				
27	PROPS, SETS & WARDROBE (VALUE OF LOSS)		LIMIT:	R
28	MAXIMUM PERIOD REQUIRED TO RECONSTRUCT SET:			
29	SPECIAL PROPS, EQUIPMENT OR SETS TO BE USED:			
30	THIRD PARTY PROPERTY DAMAGE: (SHOULD ANYTHING HAPPEN TO THE LOCATION)		LIMIT:	R
31	PUBLIC LIABILITY (SA JURISDICTION ONLY) (ANY ONE NOT PART OF THE SHOOT I.E. AUDIENCE)		LIMIT:	R
32	EMPLOYERS LIABILITY: (SA JURISDICTION) (CAST, CREW, CONTESTANTS)		LIMIT:	R
33	RIOT AND STRIKE (SHOULD INSURED HAVE TO CANCEL OR POSTPONE DUE TO RIOT OR STRIKE)		LIMIT:	R
34	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 EXTRAS ON SET PER DAY			NUMBER OF STUNT CREW ON SET PER DAY	
HOW MANY FILMING/EVENT DAYS IN TOTAL				



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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. Budget**
- 2. Call Sheet**
- 3. 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:			