



UNDERWRITING MANAGERS

Tel: 0861-00-0090
E-mail: info@keu.co.za

WEIGHED FISH COMPETITION PROPOSAL

NAME OF EVENT:			
INSURED NAME:			
REGISTRATION NUMBER:		VAT NUMBER:	
CONTACT PERSON:		CONTACT NUMBER:	
DATE(S) OF EVENT			
EXACT LOCATION(S):			
APPROXIMATE SIZE OF WATER:			
MANY HOURS OF FISHING WILL BE ALLOWED PER DAY			
MAXIMUM NUMBER OF ANGLERS ALLOWED			
NUMBER OF RODS & LINES ALLOWED PER ANGLER			
HOW MANY ANGLERS WILL FISH FROM	SHORE		BOATS
TYPE OF FISH TO BE CAUGHT			
SOUTH AFRICAN WEIGHT RECORD			
WORLD WEIGHT RECORD			
HAS THIS EVENT BEEN HELD IN THE PAST AND IF YES, HOW MANY TIMES?	YES	NO	IF YES, PLEASE PROVIDE DETAIL
HAVE THERE BEEN ANY CLAIMS WHETHER INSURED?			
NUMBER OF ANGLERS THAT TOOK PART THE PAST THREE YEAR			
4 YEAR WEIGHT HISTORY OF BEST WEIGHT RECORD IRO ABOVE NAMED FISH AT ABOVE NAMED EVENT			
1		2	
3		4	
DETAILS OF WEIGH MASTER			
PRIZE LIMIT OF INSURANCE REQUIRED (INCLUDING VAT):			
IS THE PRIZE:	CASH	PRIZE	



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DECLARATION:

Signing this proposal 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 have read the above and agree that to the best of my/our knowledge and belief, same fully represents the true statements of facts.

SIGNATURE:

DATE:

NAME:

POSITION HELD:

NAME OF BROKING COMPANY

FSP NUMBER

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

CONTACT DETAILS