



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

UNDERWRITING MANAGERS

ANNUAL COMMERCIAL PRODUCERS PROPOSAL

1	NAME OF PRODUCTION COMPANY <i>(Must be South African Legal Entity)</i>					
2	VAT NUMBER		REGISTRATION NUMBER			
4	PHYSICAL ADDRESS:					
5	NAME OF PRODUCER:		YEARS OF EXPERIENCE:			
6	PERIOD OF INSURANCE:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR	
7	COMPANY WEBSITE / FILM REEL					
8	TYPE OF PRODUCTIONS DONE: (TV SERIES AND FEATURE FILMS ARE NOT INSURED UNDER ANNUAL)					
	DOCUMENTARIES	Number of shoots p/annum		COMMERCIALS	Number of shoots p/annum	
	MUSIC VIDEO	Number of shoots p/annum		STILLS PRODUCTIONS	Number of shoots p/annum	
9	NUMBER OF PRODUCTIONS PRODUCED PAST 12 MONTHS:					
10	ANTICIPATED NUMBER OF PRODUCTIONS NEXT 12 MONTHS:					
11	ANNUAL GROSS PRODUCTION COST PAST 12 MONTHS:			R		
12	ESTIMATED ANNUAL GROSS PRODUCTION COST NEXT 12 MONTHS:			R		
13	AVERAGE SIZE OF CREW PER ANY ONE SHOOT					
14	WILL ANY LOCATIONS OUTSIDE OF RSA BE USED			YES	NO	
	SPECIFY COUNTRIES IF KNOWN:					
15	APPLICANT'S PREVIOUS FILM EXPERIENCE: (NAME SPECIFIC PRODUCTIONS)					
16	NAME OF PREVIOUS INSURANCE COMPANY/IES?					
	COMPANY:		CLAIMS LODGED:	YES	NO	
	COMPANY:		CLAIMS LODGED:	YES	NO	



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17	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:	
YEAR	VALUE	DESCRIPTION
	R	
	R	

LIMITS REQUIRED			
18	THIRD PARTY PROPERTY DAMAGE: <i>(Should Anything Happen to The Location of The Shoot)</i>	LIMIT IN THE AGGREGATE:	R
19	PUBLIC LIABILITY (SA JURISDICTION ONLY) <i>(Any One Not a Part of The Shoot / Audience)</i>	LIMIT IN THE AGGREGATE:	R
20.	EMPLOYERS LIABILITY: (SA JURISDICTION) <i>(Cast, Crew, Contestants)</i>	LIMIT IN THE AGGREGATE:	R
21.	PERSONAL ACCIDENT: (SPECIFIED NAMES OF ALL CREW MUST BE PROVIDED) 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.		
DEATH & PERMANENT DISABILITY LIMIT		LIMIT:	R
TEMPORARY TOTAL DISABLEMENT		LIMIT PER WEEK:	R
MEDICAL EXPENSES		LIMIT:	R
NUMBER OF PERMANENT CREW TO BE INSURED ANNUALLY			
NAMES OF PERMANENT CREW TO BE INSURED:			
1		2	
3		4	
5		6	
7		8	
9		10	

LIMITS ARE PROVIDED ON A PER PRODUCTION AND IN THE AGGREGATE FOR THE PERIOD OF INSURANCE BASIS

EQUIPMENT ALL RISK			
ADDRESS WHERE EQUIPMENT WILL BE KEPT			
PHYSICAL PROTECTIONS AT THIS ADDRESS:	Burglar bars	CCTV record	All exterior doors have security gates
	Alarm with armed response		Burglar bars in front of all windows
PLEASE TICK THE APPLICABLE SECURITY MEASURES	YES		
	NO		
WILL THERE BE AERIAL OR UNDERWATER PHOTOGRAPHY? , IF YES, SUPPLY DETAILS			
RENTAL CHARGES TO HIRE-IN EQUIPMENT FOLLOWING AN INSURED PHYSICAL LOSS		R	



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Please include a list of all the equipment including the replacement value

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. Story Board for any production where Stunts, Special Effects, Animals or Special Filming requirements are needed

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:					