



UNDERWRITING MANAGERS

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

ANNUAL EQUIPMENT ALL RISK INSURANCE APPLICATION FORM

1	NAME OF INSURED:	<input type="text"/>	WEBSITE ADDRESS:	<input type="text"/>			
2	REGISTRATION NUMBER:	<input type="text"/>	VAT NUMBER:	<input type="text"/>			
3	ID NUMBER:	<input type="text"/>					
4	ADDRESS WHERE EQUIPMENT WILL BE KEPT:	<input type="text"/>					
5	PHYSICAL PROTECTIONS AT THIS ADDRESS: PLEASE TICK THE APPLICABLE SECURITY MEASURES	Burglar bars	CCTV record	All exterior doors have security gates			
		Alarm with armed response		Burglar bars in front of all windows			
6	TYPE OF SHOTS/EVENTS DONE:	Commercial	Feature	Documentary	Events	Own use	
7	PERIOD OF INSURANCE:	FROM:	DAY / MONTH / YEAR	TO:	DAY / MONTH / YEAR		
8	TYPE OF WORK DONE BY APPLICANT:	<input type="text"/>					
9	NUMBER OF YEARS IN BUSINESS:	<input type="text"/>					
TOTAL OF PRODUCTIONS AND TYPE PRODUCTIONS INSURED:			TOTAL OF EVENTS AND TYPE OF EVENT TO BE INSURED:				
EDUCATIONAL / TRAINING	<input type="text"/>	COMMERCIAL	<input type="text"/>	SEMINAR/ CONFERENCE	<input type="text"/>	MUSIC FESTIVAL	<input type="text"/>
FEATURE	<input type="text"/>	MUSIC VIDEO	<input type="text"/>	SPORTING EVENT	<input type="text"/>	FOOD/ LIFESTYLE	<input type="text"/>
DOCUMENTARY	<input type="text"/>	TELEVISION DRAMA	<input type="text"/>	SCHOOL EVENT	<input type="text"/>	MOTOR/ EXTREME SPORT	<input type="text"/>
10	HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS					YES	NO
<input type="text"/>							
11	IS EQUIPMENT HIRED OUT TO ANY THIRD PARTY WHERE THE INSURED WILL NOT BE IN DIRECT CONTROL OF THE EQUIPMENT? , IF YES, SUPPLY DETAILS AND PROVIDE RENTAL AGREEMENT					YES	NO
<input type="text"/>							
12	WILL THERE BE AERIAL OR UNDERWATER PHOTOGRAPHY? IF YES, SUPPLY DETAILS					YES	NO
<input type="text"/>							
13	DOES THE INSURED WORK OUTSIDE SOUTH AFRICAN BORDERS? IF YES, SUPPLY DETAILS					YES	NO
<input type="text"/>							
14	AMOUNT OF EVENTS / SHOTS PER YEAR?		<input type="text"/>				
15	ANNUAL TURN OVER EXPECTED FOR PERIOD TO BE INSURED		<input type="text"/>				



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16	APPROXIMATE SIZE (PERSONS ATTENDING) PER EVENT / SHOOT?	
17	AGGREGATED FREIGHT/ SHIPPING CHARGES (Additional Freight charges to replace insured items)	R
18	ADDITIONAL RENTAL CHARGES, LOSS OF INCOME: (To hire in additional equipment/ Loss or rent following a claim on insured equipment)	R
19	THIRD PARTY PROPERTY DAMAGE: (Should Anything Happen to The Location of The Shoot)	R
20	PUBLIC LIABILITY LIMIT IN THE AGGREGATE: (Liability is dependent on business description. For Film and Event liability we will require a separate proposal.)	R
21	EMPLOYERS LIABILITY LIMIT IN THE AGGREGATE: (Liability is dependent on business description. For Film and Event liability we will require a separate proposal.)	R
22	MAXIMUM DATA RECOVERY PER PRODUCTION: (Only where the operator is 100% responsible for the shoot and expenses)	R
23	LOSS OF COMPUTER SOFTWARE (Actual cost to replace software)	R
24	MISCELLANEOUS EQUIPMENT (Additional items Hired – In from rental companies)	R
25	LOSS OF FOOTAGE (Replacement cost for actual footage destroyed)	R
26	FAULTY STOCK & PROCESSING (Covers accidental exposure to light, fogging, faulty use of camera & sound equipment)	R
27	NON-APPEARANCE OF PHOTOGRAPHER (Must be a direct cause of the unexpected, unavoidable incapability to commence, continue, or complete filming due to an accident, illness, kidnapping, or bereavement of the insured)	R
28	FREIGHT CHARGES (Covers the cost of courier company to transport the damaged insured equipment).	R
29	ABSCONSION (Covers the replacement value of items hired out, should the hirer disappear with the insured equipment – cover excludes hiring out to individuals and students).	R
30	THEFT FROM UNATTENDED VEHICLE (Covers the replacement value of the insured items not exceeding the sum insured stated on the policy for this section).	R
31	NAME OF PREVIOUS INSURANCE COMPANY/IES?	
COMPANY:		CLAIMS LODGED: YES
		NO
COMPANY:		CLAIMS LODGED: YES
		NO



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32	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:	
YEAR	VALUE	DESCRIPTION
	R	
	R	
WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS:		YES
		NO
PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT INCLUDING RAND VALUE TO BE INSURED		
INSURED PERILS		
FIRE & ALLIED PERILS	Limited to fire & allied perils only. Excludes accidental damage, theft & GIT cover.	
FIRE THEFT & ALLIED PERILS	Same as above – Includes Theft.	
ALL RISK	Includes all risks noted above.	



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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.

Insurance products are underwritten by Centriq Insurance Company Limited ("Centriq"), a licensed non-life insurer and authorised Financial Services Provider (FSP 3417). KEU holds preference shares in Centriq Insurance Company Limited.

For further information please read our Privacy Notice, which can be found on www.centriq.co.za

BROKING COMPANY	<input type="text"/>	FSP NUMBER	<input type="text"/>	SIGNATURE	<input type="text"/>
NAME OF INSURED	<input type="text"/>	DATE	<input type="text" value="DAY / MONTH / YEAR"/>	SIGNATURE	<input type="text"/>