



UNDERWRITING MANAGERS

Tel: 0861-00-0090
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EXHIBITION ALL RISK INSURANCE APPLICATION FORM

| | | | | | |
|---|-------|---------|-----|----------|----|
| NAME OF INSURED (Must be a South African Legal Entity) | | | | | |
| WEBSITE ADDRESS: | | | | | |
| REGISTRATION NUMBER: | | | | | |
| VAT NUMBER | | | | | |
| NAME OF EXHIBITION | | | | | |
| DETAILED DESCRIPTION OF THE EXHIBITION AND SPECIFICALLY REFERRING TO THE EQUIPMENT BEING USED | | | | | |
| VENUE WHERE THE EXHIBITION WILL BE HELD | | | | | |
| VENUE WHERE EQUIPMENT WILL BE KEPT WHEN NOT IN USE | | | | | |
| PHYSICAL PROTECTIONS AT THE VENUE/ EXHIBITION | | | | | |
| PHYSICAL PROTECTIONS AT THE VENUE WHEN NOT IN USE | | | | | |
| IS THE EXHIBITION | | INDOORS | | OUTDOORS | |
| PERIOD OF INSURANCE | FROM: | | TO: | | |
| PERIOD OF EXHIBITION | FROM: | | TO: | | |
| TIME OF THE EXHIBIT | FROM: | | AM | TO: | AM |
| | | | PM | | |
| WHO IS THE CURRENT OWNER OF THE EQUIPMENT | | | | | |
| IS THE OWNER CHARGING RENTAL FEES? IF YES, HOW MUCH? | | | YES | R | |
| | | | NO | | |
| PERSON RESPONSIBLE FOR EQUIPMENT AND INVENTORY | | | | | |
| NUMBER OF YEARS IN BUSINESS: | | | | | |
| HAS THE INSURED TRADED UNDER ANY OTHER COMPANY NAME DURING THE PAST 5 YEARS, IF YES, SUPPLY DETAILS | | | | YES | NO |
| | | | | | |
| WILL EQUIPMENT BE ATTACHED TO ANY TEMPORARY CONSTRUCTION I.E. STAGES, SCAFFOLDING, MARQUEES? IF YES, SUPPLY DETAILS | | | | YES | NO |
| | | | | | |



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| | | |
|---|-------|-------------|
| IS THE EQUIPMENT CURRENTLY INSURED | YES | NO |
| <hr/> | | |
| WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS: | YES | NO |
| <hr/> | | |
| IS INSURED RESPONSIBLE FOR TRANSPORTATION OF THE EQUIPMENT, IF YES WHO WILL BE TRANSPORTING AND PROVIDE DETAIL DESCRIPTION OF PACKAGING | YES | NO |
| <hr/> | | |
| WILL THE EQUIPMENT BE USED OUTSIDE SOUTH AFRICAN BORDERS? IF YES, SUPPLY DETAILS | YES | NO |
| <hr/> | | |
| LIST ALL THE PREVIOUS CLAIMS FOR THE PAST 5 YEARS: | | |
| YEAR | VALUE | DESCRIPTION |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| PLEASE ATTACHED A DETAILED LIST OF EQUIPMENT TO BE INSURED INCLUDING REPLACEMENT VALUE | | |
| DECLARATION | | |
| <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>For further information please read our Privacy Notice, which can be found on www.centriq.co.za</p> | | |
| INSURED: | <hr/> | |
| DATE: | <hr/> | |
| SIGNATURE: | <hr/> | |
| NAME OF BROKING COMPANY: | <hr/> | |
| FSP NUMBER: | <hr/> | |
| NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION: | <hr/> | |
| CONTACT DETAILS: | <hr/> | |