



UNDERWRITING MANAGERS

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

COMMERCIAL & FILM PRODUCER PROPOSAL

| | | | | |
|----|---|--|----------------------------------|--|
| 1 | NAME OF PRODUCTION COMPANY: (Insured Must Be South African Legal Entity) | | | |
| 2 | REGISTRATION NUMBER: | | VAT NUMBER: | |
| 3 | NAME OF PRODUCER: | | YEARS OF EXPERIENCE: | |
| 4 | NAME OF SHOOT: | | | |
| 5 | DATE OF PRE-PRODUCTION: | FROM: | DAY / MONTH / YEAR | TO: DAY / MONTH / YEAR |
| 6 | DATE OF FILMING (PRINCIPAL): | FROM: | DAY / MONTH / YEAR | TO: DAY / MONTH / YEAR |
| 7 | DATE OF POST PRODUCTION: | FROM: | DAY / MONTH / YEAR | TO: DAY / MONTH / YEAR |
| 8 | BUDGET / PRODUCTION COSTS (ATTACH A COPY OF THE BUDGET) | R (Vat Inclusive) | | |
| 9 | WILL THE LOCATION BE: | PUBLIC SPACES | STUDIO BASED | PRIVATE PROPERTY RENTED (Please include hiring agreement) |
| | IF OTHER PLEASE EXPLAIN: | | | |
| 10 | PHYSICAL LOCATIONS OF SHOOT: | | | |
| 11 | SYNOPSIS: | | | |
| 12 | TYPE OF PRODUCTIONS TO BE INSURED OVER PERIOD: | | | |
| | EDUCATIONAL / TRAINING | STILL | CORPORATE | COMMERCIAL |
| | DOCUMENTARY | TELEVISION DRAMA | FEATURE | MUSIC VIDEO |
| | OTHER PLEASE SPECIFY | | | |
| 13 | PRODUCTION IS ON: | FILM | DIGITAL | OTHER |
| 14 | DOES THE APPLICANT INTEND TO FILM OUTSIDE THE RSA? | YES | IF YES, FOR WHAT PERIOD | |
| | | NO | | |
| | SPECIFY COUNTRIES: | | | |
| 15 | WILL THE APPLICANT BE USING SPECIAL STUNTS (INCLUDING UNDERWATER OR AERIAL FILMING). PLEASE EXPLAIN | | | |
| | | | | |
| 16 | WILL THE APPLICANT BE USING SCENES INVOLVING | ANIMALS | EXPLOSIVES, DANGEROUS SUBSTANCES | CHILDREN |
| | | MOTORCYCLES, SPECIAL VEHICLES, BOATS, AIRCRAFT | HAZARDOUS ACTIVITIES | |
| | IF YES PLEASE PROVIDE DETAIL | | | |
| 17 | APPLICANT'S PREVIOUS FILM EXPERIENCE: | | | |
| 18 | SOURCE OF APPLICANT'S FINANCING: | | | |



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| 19 | TOTAL VALUE OF FOOTAGE STORED AT ANY ONE LOCATION WITHOUT PRIOR PRINT OR EDITING: | | | |
| LOCATION: | | | VALUE: | R |
| 20 | WHERE WILL EDITING / POST PRODUCTION TAKE PLACE: | | | |
| 21 | DESCRIBE ANY SPECIAL FILM PROCESSES OR EQUIPMENT (RUSSIAN ARM/ DRONES ETC.) | | | |
| | | | | |
| 22 | WHERE WILL EQUIPMENT BE KEPT DURING USE? | | | |
| 23 | LOCATION TO WHICH EQUIPMENT IS RETURNED WHEN NOT IN USE? | | | |
| 24 | INDICATE ALL SECURITY MEASURES AT SITE / LOCATION: | | | |
| 25 | INDIVIDUAL PERSON RESPONSIBLE FOR INVENTORY CONTROL: | | | |
| NAME: | | | POSITION: | |
| 26 | HOW WILL EQUIPMENT BE TRANSPORTED? | | | |
| 27 | HIRED-IN EQUIPMENT (REPLACEMENT VALUE): | | LIMIT: | R |
| 28 | OWNED EQUIPMENT (ONLY IF THERE IS A HIRING AGREEMENT) | | LIMIT: | R |
| 29 | NAME OF PREVIOUS INSURANCE COMPANY/IES? | | | |
| COMPANY: | | | CLAIMS LODGED: | YES NO |
| COMPANY: | | | CLAIMS LODGED: | YES NO |
| 30 | LIST ALL PREVIOUS CLAIMS FOR THE PAST 5 YEARS: | | | |
| YEAR | | VALUE | DESCRIPTION | |
| | | R | | |
| | | R | | |
| WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS: | | | YES | NO |
| | | | | |



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| 31 | NOMINATED KEY CAST & CREW: (CAN'T SHOOT WITHOUT THEM, CAN INCLUDE ANIMALS) | | | | | |
| THIS DOES NOT INCLUDE EMERGENCY 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: | |
| 5. | NAME: | | POSITION: | | AGE: | |
| 6. | NAME: | | POSITION: | | AGE: | |
| 7. | NAME: | | POSITION: | | AGE: | |
| 8. | 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 | | | | | | |
| 32 | PROPS, SETS & WARDROBE (REPLACEMENT VALUE) | LIMIT: | R | | | |
| 33 | PLEASE DESCRIBE ANY SPECIAL PROPS, EQUIPMENT OR SETS TO BE USED: | | | | | |
| | | | | | | |
| 34 | MAXIMUM PERIOD REQUIRED TO RECONSTRUCT SET: | | | | | |
| 35 | THIRD PARTY PROPERTY DAMAGE: <i>(Physical damages to the filming location)</i> | LIMIT: | R | | | |
| 36 | PUBLIC LIABILITY (SA JURISDICTION ONLY) <i>(Any one not part of the shoot i.e. audience)</i> | LIMIT: | R | | | |
| 37 | EMPLOYERS LIABILITY: (SA JURISDICTION) <i>(Cast & Crew)</i> | LIMIT: | R | | | |
| 38 | MONEY (MAXIMUM ON LOCATION) <i>(Physical petty cash carried by crew)</i> | LIMIT: | R | | | |
| 39 | RIOT AND STRIKE (Limited to 25% of the extra expense cost) <i>(Should insured have to cancel or postpone due to riot or strike)</i> | | YES | NO | | |
| 40 | OFFICE CONTENTS <i>(For temporary office on location during extending filming only)</i> | LIMIT: | R | | | |
| 41 | LAPTOPS (Owned and Used by Crew) MUST SUPPLY A REGISTER <i>(Electronic Equipment used specific and directly for the production)</i> | LIMIT: | R | | | |



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|--|--|--------------------|---------------------------------|--------------------|---|
| 42 | PERSONAL ACCIDENT: (INSURED MUST PROVIDE A LIST OF ALL CAST & CREW TO BE INSURED) | | | | |
| 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. Emergency Medical Expenses only covers emergency medical treatment immediately following and necessitated by the accident. | | | | | |
| DEATH LIMIT & PERMANENT TOTAL DISABILITY | | | LIMIT: | R | |
| TEMPORARY TOTAL DISABILITY | | LIMIT PER WEEK: | R | NO. OF WEEKS | |
| EMERGENCY MEDICAL EXPENSES | | LIMIT: | R | | |
| NUMBER OF CAST ON SET PER DAY | | | NUMBER OF CREW ON SET PER DAY | | |
| NUMBER OF STUNT CREW ON SET PER DAY | | | NUMBER OF EXTRAS ON SET PER DAY | | |
| HOW MANY FILMING DAYS IN TOTAL? | | | | | |
| SHOULD PERSONAL ACCIDENT COVER BE REQUIRED FOR ANY OTHER DAYS/ PLEASE PROVIDE DETAIL | | | | | |
| | | | | | |
| 43 | MOTOR: | | | | |
| ACTION MOTOR | | HIRED IN VEHICLES | PROP/ STATIONARY MOTOR | VALUE: | R |
| MAKE: | | | MODEL | | |
| REGISTRATION NO. | | | VIN NO. | | |
| DATE BEING USED: | FROM: | DAY / MONTH / YEAR | TO: | DAY / MONTH / YEAR | |
| 44 | MOTOR: | | | | |
| ACTION MOTOR | | HIRED MOTOR | PROP/ STATIONARY MOTOR | VALUE: | R |
| MAKE: | | | MODEL | | |
| REGISTRATION NO. | | | VIN NO. | | |
| DATE BEING USED: | FROM: | DAY / MONTH / YEAR | TO: | DAY / MONTH / YEAR | |



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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

Please supply the following:

1. Budget
2. Call Sheet
3. Story Board

| | | | | | |
|---|--|------|--------------------|------------|--|
| INSURED: | | DATE | DAY / MONTH / YEAR | SIGNATURE | |
| NAME OF BROKING COMPANY | | | | FSP NUMBER | |
| NAME OF BROKER THAT ASSISTED INSURED WITH COMPLETION: | | | | | |
| CONTACTING DETAILS OF BROKER / BROKING COMPANY: | | | | | |