



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
 E-mail: [info@keu.co.za](mailto:info@keu.co.za)  
 Website: [www.keu.co.za](http://www.keu.co.za)

**AGENCY OR PRODUCTION FILM CANCELLATION**

AGENCY (INSURED):		PRODUCTION COMPANY:	
CO REGISTRATION NUMBER		VAT NUMBER:	
PRODUCT CLIENT:		NAME OF SHOOT:	
ESTIMATED FLIGHTING DATE:			
DATE OF SHOOT	EXACT LOCATION(S): Note City & Area	LIMIT VAT Incl.	PLEASE SELECT COVER REQUIRED BELOW:
DAY / MONTH / YEAR		R	INTERIOR INTERIOR WITH EXTERIOR EQUIPMENT EXTERIOR
DAY / MONTH / YEAR		R	INTERIOR INTERIOR WITH EXTERIOR EQUIPMENT EXTERIOR
DAY / MONTH / YEAR		R	INTERIOR INTERIOR WITH EXTERIOR EQUIPMENT EXTERIOR
DAY / MONTH / YEAR		R	INTERIOR INTERIOR WITH EXTERIOR EQUIPMENT EXTERIOR
FILMING SCHEDULE: ESTIMATED SET-UP TIME (hours):			
SHOOT START TIME:		AM PM	SHOOT WRAP TIME: AM PM
TOTAL INSURABLE NON-RECOVERABLE COSTS PER DAY:		R	(Vat Inclusive)
TOTAL MAXIMUM LOSS FOR THE PRODUCTION:		R	(Vat Inclusive)
SYNOPSIS / TRTREATMENT:			
NAME OF AGENCY OR PRODUCTION PRODUCER OR NOMINEE: (This is the person responsible for the shoot on the day)			
DETAIL ANY SPECIFIC EQUIPMENT OR LOCATION ELEMENTS CRITICAL TO THE SHOOT:			
IS THE CAST	LOCAL		INTERNATIONAL
NOMINATED / ESSENTIAL CAST:	1		3
	2		4
DO YOU REQUIRE COVER FOR THE LOCATION/SET-BUILD PRIOR TO THE SHOOT DATES:		YES	NO
COULD THE SOUND OF THE INTERIOR SHOOT BE AFFECTED BY WEATHER (HAIL, RAIN)		YES	NO
IF YES PLEASE PROVIDE DETAIL:			
<i>A separate proposal form is required for the location/set-build cover and an additional premium is payable for this cover</i>			
DETAIL ANY HAZARDOUS / UNUSUAL RISK (helicopters, stuntmen, drones etc.):			



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**SPECIFIC WEATHER CONDITIONS REQUIRED (per day):**

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**PERSONAL ACCIDENT: ONLY COMPLETE IF COVER IS REQUIRED**

**LIMITS ARE PROVIDED PER PERSON FOR THE PERIOD OF INSURANCE**

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.**

<b>DEATH &amp; PERMANENT TOTAL DISABILITY</b>	<b>LIMIT:</b>	R	
<b>TEMPORARY TOTAL DISABILITY</b>	<b>LIMIT PER WEEK:</b>	R	<b>NO. OF WEEKS</b>
<b>EMERGENCY MEDICAL EXPENSES</b>	<b>LIMIT:</b>	R	
<b>NUMBER OF CAST PER DAY</b>		<b>NUMBER OF CREW PER DAY</b>	
<b>NUMBER OF STUNT PER DAY</b>		<b>NUMBER OF EXTRAS ON SET PER DAY</b>	
<b>NUMBER OF CLIENTS ON SET PER DAY</b>		<b>TOTAL FILMING DAYS</b>	



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## AGENCY OR PRODUCTION FILM CANCELLATION

### 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 acting on behalf of Centriq and its operators, processing and further processing, my personal information in accordance with the Protection 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](http://www.centriq.co.za)

INSURED:		SIGNATURE:		DATE:	DAY / MONTH / YEAR
NAME OF BROKING COMPANY		FSP NUMBER			
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:					
CONTACT DETAILS (email and direct phone number)					

\* IF THIS INFORMATION CANNOT BE SUPPLIED AT TIME OF COMPLETING PROPOSAL, A CALL SHEET MUST BE SUBMITTED PRIOR TO THE SHOOT

### IMPORTANT

**SCRIPTS / STORYBOARD / TREATMENT MUST BE ATTACHED.**

**PRODUCTION HOUSE BUDGET MUST BE ATTACHED.**

**WEATHER COVER MUST BE ACCEPTED 14 DAYS PRIOR TO FIRST DAY OF FILMING**

**PREMIUM MUST BE PAID IN ACCORDANCE WITH THE QUOTATION**

**NOTE: THE PREMIUM PAID FOR THIS INSURANCE IS DEEMED **NOT** TO BE AN EXPENSE OR COST IN ASSESSMENT OF ANY LOSS HEREUNDER.**