



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

UNDERWRITING MANAGERS

ONCE OFF COMMERCIAL & FILM LIABILITY 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 FILM / PRODUCTION TO BE INSURED			
	EDUCATIONAL / TRAINING	COMMERCIAL	CORPORATE	MUSIC VIDEO
	DOCUMENTRY	TELEVISION DRAMA	FEATURE	OTHER
9	ARE BUDGETS SUBJECT TO VAT:		YES	NO
10	PRODUCTIONS ARE MAINLY ON:		FILM	DIGITAL
			TAPE	OTHER
11	HAS OR WILL THE APPLICANT BE USING SPECIAL STUNTS, SCENES INVOLVING ANIMALS, MOTORCYCLES, SPECIAL VEHICLES, BOATS, AIRCRAFT, EXPLOSIVES, DANGEROUS SUBSTANCES OR HAZARDOUS ACTIVITIES (INCLUDING UNDERWATER SHOOTING). PLEASE EXPLAIN IN DETAIL.			
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		
WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS:		YES	NO

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



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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

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:					