



UNDERWRITING MANAGERS

Tel: 0861 00 00 90  
 E-Mail: [info@keu.o.za](mailto:info@keu.o.za)  
 Website: [www.keu.co.za](http://www.keu.co.za)

## STILLS PRODUCER PROPOSAL

1	NAME OF PRODUCTION COMPANY: <small>(MUST BE SOUTH AFRICAN LEGAL ENTITY)</small>						
2	REGISTRATION NUMBER:		VAT NUMBER:				
3	NAME OF PRODUCER:		YEARS EXPERIENCE:				
4	NAME OF SHOOT:						
5	DATE OF PRE-PRODUCTION:	FROM:	Day / Month / Year	TO:	Day / Month / Year		
6	DATE OF FILMING:	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: (VAT INCL)	R					
9	WILL THE LOCATION BE AT:	PUBLIC SPACES	STUDIO BASED	PRIVATE PROPERTY <small>(Please include hiring agreement)</small>			
IF OTHER PLEASE EXPLAIN:							
10	PHYSICAL LOCATIONS OF SHOOT:						
11	SYNOPSIS OF SHOOT:						
12	DOES THE APPLICANT INTEND TO FILM OUTSIDE THE RSA?	YES	IF YES, FOR WHAT PERIOD:				
		NO					
SPECIFY COUNTRIES:							
13	APPLICANT'S PREVIOUS FILM EXPERIENCE:						
14	DOES HIRED IN EQUIPMENT NEED TO BE INSURED?	YES	REPLACEMENT VALUE	R			
		NO					
15	WHERE WILL EQUIPMENT BE KEPT DURING USE?						
16	LOCATION TO WHICH EQUIPMENT IS RETURNED WHEN NOT IN USE?						
17	INDICATE ALL SECURITY MEASURES AT SITE / LOCATION:						
18	INDIVIDUAL PERSON RESPONSIBLE FOR INVENTORY CONTROL:						
NAME:				POSITION:			
19	NAME OF PREVIOUS INSURANCE COMPANY/IES?						
COMPANY:					CLAIMS LODGED:		YES
							NO



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20	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:			
CAUSE:		VALUE:	R	
CAUSE:		VALUE:	R	
WERE YOU EVER DECLINED COVER IF SO, PLEASE PROVIDE DETAILS:	YES	NO		
21	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				
22	NEGATIVE/VIDEOTAPE/ DIGITAL	LIMIT: (VALUE OF FOOTAGE BEING LOST/ RESHOOT)	R	
23	AVERAGE DISTANCE OF SHOOTING LOCATIONS TO EDIT FACILITY:			KM
24	PROPS, SETS & WARDROBE (VALUE OF LOSS)	LIMIT:	R	
25	MAXIMUM PERIOD REQUIRED TO RECONSTRUCT SET:			
26	SPECIAL PROPS, EQUIPMENT OR SETS TO BE USED:			
27	THIRD PARTY PROPERTY DAMAGE: <u>(SHOULD ANYTHING HAPPEN TO THE LOCATION)</u>	LIMIT:	R	
28	PUBLIC LIABILITY (SA JURISDICTION ONLY) <u>(ANY ONE NOT PART OF THE SHOOT I.E. AUDIENCE)</u>	LIMIT:	R	



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29	EMPLOYERS LIABILITY: (SA JURISDICTION) <b>(CAST &amp; CREW)</b>	LIMIT:	R		
30	RIOT AND STRIKE (Not exceeding 25% reshoot of budget) <b>(SHOULD INSURED HAVE TO CANCEL OR POSTPONE DUE TO RIOT OR STRIKE)</b>	LIMIT:	R		
31	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. <b>Emergency Medical Expenses only covers emergency medical treatment immediately following and necessitated by the accident.</b>				
DEATH & PERMANENT TOTAL DISABILITY LIMIT		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 EXTRAS ON SET PER DAY			NUMBER OF STUNT CREW ON SET PER DAY		
HOW MANY FILMING DAYS IN TOTAL					
INTERNATIONAL CAST/ CREW IF YES PLEASE PROVIDE DETAILS		YES			
		NO			
32	WILL THE APPLICANT BE USING SCENES INVOLVING	ANIMALS	MOTORCYCLES, VEHICLES, BOATS, AIRCRAFT	EXPLOSIVES, DANGEROUS SUBSTANCES	HAZARDOUS ACTIVITIES
		CHILDREN			
IF YES PLEASE PROVIDE DETAIL					
IS ANIMAL MORTALITY REQUIRED, IF YES PLEASE PROVIDE DETAILS		YES			
		NO			



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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](http://www.centriq.co.za)

**Please supply the following:**

1. **Budget**
2. **Call Sheet**
3. **Story Board**

INSURED FULL NAME		DATE	Day / Month / Year
SIGNATURE			
NAME OF BROKING COMPANY		FSP NUMBER	