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UNDERWRITING MANAGERS

COMMERCIAL & FILM PRODUCER PROPOSAL

1.	NAME OF PRODUCTION COMPANY: (Insured Must Be South African Legal Entity)			
2.	NAME OF PRODUCER			
3.	YEARS OF EXPERIENCE AS PRODUCER			
4.	NAME OF SHOOT			
5.	PERIOD OF INSURANCE REQUIRED			
6.	PERIOD OF PRE-PRODUCTION			
7.	PERIOD OF PRINCIPAL			
8.	PERIOD OF POST PRODUCTION			
9.	BUDGET / PRODUCTION COSTS: (VAT INCLUSIVE)	R		
10.	LOCATIONS OF SHOOT:			
11.	WHAT IS THE SHOOT ABOUT / SYNOPSIS			
12.	TYPE OF FILM /PRODUCTIONS TO BE INSURED OVER PERIOD:			
EDUCATIONAL / TRAINING		<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>
CORPORATE		<input type="checkbox"/>	MUSIC VIDEO	<input type="checkbox"/>
DOCUMENTARY		<input type="checkbox"/>	TELEVISION DRAMA	<input type="checkbox"/>
FEATURE		<input type="checkbox"/>	OTHER	<input type="checkbox"/>
13.	PRODUCTION IS ON:	<input type="checkbox"/> FILM	<input type="checkbox"/> OTHER	<input type="checkbox"/> DIGITAL
14.	DOES THE APPLICANT INTEND TO FILM OUTSIDE THE RSA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF YES, FOR WHAT PERIOD		<input type="text"/>	SPECIFY COUNTRIES:	<input type="text"/>
15.	WILL THE APPLICANT BE USING SPECIAL STUNTS (INCLUDING UNDERWATER OR AERIAL FILMING). PLEASE EXPLAIN			
<input type="text"/>				
16.	WILL THE APPLICANT BE USING SCENES INVOLVING ANIMALS, MOTORCYCLES, SPECIAL VEHICLES, BOATS, AIRCRAFT, EXPLOSIVES, DANGEROUS SUBSTANCES OR HAZARDOUS ACTIVITIES			
<input type="text"/>				



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17	APPLICANT'S PREVIOUS FILM EXPERIENCE:		
18	SOURCE OF APPLICANT'S FINANCING:		
19	TOTAL VALUE OF NEGATIVE / DIGITAL FILM STORED AT ANY ONE LOCATION WITHOUT PRIOR PRINT OR EDITING:		
LOCATION:		VALUE:	R
20	MAXIMUM AMOUNT OF LOSS EXPOSURE IRO NEG / DIGITAL		
21	DESCRIBE ANY SPECIAL FILM PROCESSES OR EQUIPMENT (RUSSIAN ARM/ DRONES)		
22	WHERE WILL EQUIPMENT BE KEPT DURING USE?		
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	NAME OF PREVIOUS INSURANCE COMPANY/IES?		
COMPANY:		CLAIMS LODGED:	YES
			NO
COMPANY:		CLAIMS LODGED:	YES
			NO
28	LIST ALL PREVIOUS CLAIMS FOR PAST 5 YEARS:		
CAUSE:		VALUE:	R
CAUSE:		VALUE:	R
CAUSE:		VALUE:	R



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29.	NOMINATED KEY CAST & CREW: (CAN'T SHOOT WITHOUT THEM, CAN INCLUDE ANIMALS)
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THIS DOES NOT INCLUDE 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:	

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

30.	NEGATIVE/VIDEOTAPE/ DIGITAL	LIMIT:	R
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WHERE WILL EDITING TAKE PLACE:	
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AVERAGE DISTANCE OF SHOOTING LOCATIONS TO EDIT FACILITY:	KM
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31.	FAULTY STOCK & CAMERA PROCESSING:	LIMIT:	R
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32.	PROPS, SETS & WARDROBE (VALUE OF LOSS)	LIMIT:	R
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PLEASE DESCRIBE ANY SPECIAL PROPS OR SETS	
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33.	EXTRA EXPENSE:	LIMIT:	R
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MAXIMUM PERIOD REQUIRED TO RECONSTRUCT SET:	
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SPECIAL PROPS, EQUIPMENT OR SETS TO BE USED:	
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34.	EQUIPMENT (REPLACEMENT VALUE):	LIMIT:	R
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OWNED:	RENTED:
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35.	THIRD PARTY PROPERTY DAMAGE: (SHOULD ANYTHING HAPPEN TO THE LOCATION)	LIMIT:	R	
36.	PUBLIC LIABILITY (SA JURISDICTION ONLY) (ANY ONE NOT PART OF THE SHOOT I.E. AUDIENCE)	LIMIT:	R	
37.	EMPLOYERS LIABILITY: (SA JURISDICTION) (CAST, CREW, CONTESTANTS)	LIMIT:	R	
38.	MONEY (MAXIMUM ON LOCATION) (PHYSICAL PETTY CASH CARRIED BY CREW)	LIMIT:	R	
39.	RIOT AND STRIKE (SHOULD INSURED HAVE TO CANCEL OR POSTPONE DUE TO RIOT OR STRIKE)	LIMIT:	R	
39.	PERSONAL ACCIDENT: (INSURED MUST PROVIDE A LIST OF ALL CAST & CREW TO BE INSURED)			
	DEATH LIMIT	LIMIT:	R	
	PERMANENT TOTAL DISABLEMENT LIMIT	LIMIT:	R	
	TEMPORARY TOTAL DISABLEMENT	LIMIT PER WEEK:	R	NO. OF WEEKS
	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			
44.	MOTOR:			
	ACTION MOTOR	PROP/ STATIONARY MOTOR		
	HIRED IN VEHICLES	VALUE:	R	
	MAKE:	MODEL		
	DATE BEING USED:	FROM:	TO:	
45.	MOTOR:			
	ACTION MOTOR	PROP/ STATIONARY MOTOR		
	HIRED MOTOR	VALUE:	R	
	MAKE:	MODEL		
	DATE BEING USED:	FROM:	TO:	



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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 have read the above and agree that to the best of my / our knowledge and belief it fully represents the true statements of facts.

Please supply the following:

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

INSURED FULL NAME AND SURNAME:	
DATE	
SIGNATURE	
NAME OF BROKING COMPANY	
FSP NUMBER	
NAME AND SURNAME OF INDIVIDUAL BROKER THAT ASSISTED INSURED WITH COMPLETION:	
CONTACTING DETAILS OF BROKER / BROKING COMPANY:	