



PROPOSAL FORM

1	NAME OF INSURED:				
2	ID NUMBER / REGISTRATION NUMBER:				
3	VAT NUMBER: If applicable				
4	HANDLE-YOUTUBE:				
5	HANDLE-TIKTOK:				
6	HANDLE-INSTAGRAM:				
7	HANDLE-TWITTER:				
8	HANDLE- FACEBOOK:				
9	ADDRESS WHERE EQUIPMENT WILL BE KEPT:				
10	PHYSICAL PROTECTIONS AT THIS ADDRESS: Please tick applicable security measures	CCTV	<input type="checkbox"/>	All exterior doors have security gates	<input type="checkbox"/>
		Burglar bars in front of all windows	<input type="checkbox"/>	Alarm with armed response	<input type="checkbox"/>
11	TYPE OF EVENTS CONDUCTED: Please provide the estimated number of each type of event held during an annual period:	Club DJ / Live Events	<input type="checkbox"/>	Podcasts/ Radio DJ	<input type="checkbox"/>
		In Store / Live Promotions	<input type="checkbox"/>	Live Streams	<input type="checkbox"/>
12	PERIOD OF INSURANCE:	FROM:	<input type="text"/>	TO:	<input type="text"/>
13	NUMBER OF YEARS IN BUSINESS:				
14	ANTICIPATED NUMBER OF PERFORMANCES PER YEAR?				
15	ANNUAL TURN OVER EXPECTED FOR PERIOD TO BE INSURED:				



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16	PLEASE ATTACH A DETAILED LIST OF EQUIPMENT INCLUDING RAND VALUE TO BE INSURED.			
17	Please provide an applicable limit required in the aggregate per annum for the following extensions available:			
18	ADDITIONAL RENTAL CHARGES, LOSS OF INCOME: (To hire in additional equipment/ Loss or rent following a claim on insured equipment)			R
19	THIRD PARTY PROPERTY DAMAGE: (Should Anything Happen to The Location of The Event)			R
20	PUBLIC LIABILITY LIMIT IN THE AGGREGATE:			R
21	MISCELLANEOUS EQUIPMENT LIMIT: (Additional items Hired – If from rental companies)			R
22	THEFT FROM UNATTENDED VEHICLE (Covers the replacement value of the insured items not exceeding the sum insured stated on the policy)			R
23	NON- APPEARANCE OF DJ: (Must be a direct cause of the unexpected, unavoidable incapability to commence, continue, or complete filming due to an accident, illness, kidnapping, or bereavement of the insured)			R
24	NAME OF PREVIOUS INSURANCE COMPANY/IES?			
	COMPANY:		CLAIMS LODGED:	YES NO
	COMPANY:		CLAIMS LODGED:	YES NO
25	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



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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

BROKING COMPANY

FSP NUMBER

SIGNATURE

NAME OF INSURED

DATE

SIGNATURE