

Film & Electronic Arts Department

S08-_____

REQUEST FOR INSURANCE CERTIFICATE

Name: _____ Class: _____ Today's Date: _____ Required by Date: _____

Your Job Title: _____ Phone No. _____ Production Title: _____

Director: _____ Cinematographer: _____ Course: _____

Instructor's Name: _____ Production Start Date: _____ Production End Date: _____

a) Major Exclusions:

- a) Vehicles (commercial or rental)
- b) Pyrotechnics
- b) Aircraft (of any type)
- c) Boats
- d) Underwater cinematography
- f) Stunts (of any type)
- g) Blanks
- h) Squibs
- i) Chase scenes that involve the use of any type of vehicles or situations that may endanger the lives of cast and/or crew members.
- j) Animals
- k) Cast coverage
- l) Live Gangster Rap Music
- m) Scaffolding over 15 feet

I'm fully aware of the above major exclusions as contained within the department's insurance policy and verify that they will not be employed for this production. _____ (**initials**)

b) Will you be using non-firing **PROP WEAPONS**? _____ YES _____ NO

c) If yes, is this information on file with the film permit office and law enforcement agencies? _____ YES _____ NO

b) Did you consult with your instructor regarding the above requirements? _____ YES _____ NO

Please provide below the exact **NAME, ADDRESS, and PHONE NUMBER** of the company or individual that must appear on the insurance certificate:

NOTE: You must have a current FEA Department Liability Form on file.