



THEATRICAL TRAVEL ACCIDENT APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [] Individual [] Partnership [] Corporation [] Joint Venture [] Other
4. Type of Business:
5. Title of the Production:
6. Term:
7. Description of Production:

8. Guilds: (Check each applicable Guild to which Producer is signatory and advise number of members per each Guild)

Table with 3 columns: Applicable, Number of members, Guilds. Lists various guilds like Screen Actors Guild (SAG), Screen Extras Guild (SEG), etc.

Are there any legal binding addendums, riders, or side letters that may alter or amend the benefits required by the collective bargaining agreement? [] Yes [] No
If yes, please attach a copy of agreements to this application

NON GUILD COVERAGE

- 9. Standard Limit is \$50,000 per person. Enter desired amount here if other than standard: \$
10. Maximum flight concentration any aircraft: (# Persons)
11. Location(s) of Filming:
12. Describe any special stunts or hazardous activities:
13. Describe any helicopter work:
14. Describe any underwater filming:





15. Estimated Production Cost

Gross	\$
Net	\$
Below the Line	\$

16. Policyholder Contact Person: _____

Date: _____ Completed By: _____

Print Name/Title: _____

Signature: _____

