



STUNT APPLICATION

1. Name Insured: _____

2. Production: _____

In order to properly evaluate the Hazards involving Stunts, please provide the additional information requested. Additional information may be required after the following has been evaluated.

3. Type of scenes being filmed: _____

4. List of Stunts by Type, Location (exact street address) and Date:
A. Type _____
B. Address _____
C. Date _____

5. Protective measures used to protect participants and public: _____

6. Name of Employer of record of person(s) performing stunts: _____

7. How many people involved in stunt scenes: _____

8. Experience of the Stunt person(s) and Coordinator (Attach resumes): _____

NOTE: This information must be submitted to the Insurance Company as soon as information is known – at least five (5) days prior to shoot involving stunts, and must be approved by the Company.

INSURED'S SIGNATURE: _____

DATE: _____

