



**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)**

Applicable	Number of members	Guilds
		Screen Actors Guild (SAG)
		Screen Extras Guild (SEG)
		Directors Guild of America (DGA)
		Writers Guild of America (WGA)
		Industrial Alliance of Theatrical and Stage Employees (IATSE)
		Producers Guild of America (PGA)
		National Association of Broadcast Employees and Technicians (NABET)
		American Federation of Television and Radio Artists (AFTRA)
		American Federation of Music (AFM)
		Other:

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: \_\_\_\_\_

