

Entertainment Hazardous Activity/Stunt Supplemental Application

General Information	
1. Name of Insured:	
2. Declared Production/Event:	
3. Confirm that Workers' Compensation is provided by the payroll service and covers all crew. ☐ Yes ☐ No	
a. Please confirm employer of record for any other specialists involved. <i>Independent contractors must provide a Certificate of Insurance prior to approval.</i>	
b. If actors/participants are <u>unpaid</u> , send a copy of waiver showing bodily injury assumption of risk language. <i>Binding participant accident insurance limits may be required prior to approval.</i>	
4. Type of scene/description of stunt or activity (include page, scene #'s, storyboards, overheads, photos, etc.):	
5. Street address and location details:	
6. Dates/Duration:	
7. Are any animals, vehicles, rail tracks/trains, aircraft, watercraft or cranes involved? ☐ Yes ☐ No	
a. If yes, please provide safety details:	
<i>Additional questions may follow.</i> <i>Please note coverage can be limited and applicable contracts should be forwarded to your agent.</i>	
8. Please provide details for:	
a. Safety plan(s) specific to actor(s) and participant(s): (including any rigging info, safety gear, camera angles, rehearsing, when/how stunt doubles are used, fake props/weapons, pyro gear, VFX):	
<i>Additional questions may follow.</i>	
b. Safety plan(s) to protect stunt persons, other specialists, and crew:	

<i>Additional questions may follow.</i>		
c. Safety plan(s) for protection of location property/floors/equipment and general public:		
<i>Additional questions may follow.</i>		
d. Confirm number of cast /crew on set for this hazard:	Crew	Cast
9. Confirm your location agreement(s) include language to accept "normal wear and tear."	☐ Yes	☐ No
10. Confirm you film/photograph locations prior to work and after work for claims records.	☐ Yes	☐ No
11. Please provide names for the Stunt Coordinator(s), Rigger(s), Driver(s), Animal Wrangler(s), in charge, including web link(s) and key resumes.		
12. Provide name and state/federal license(s) for Pyro techs in charge and confirm classification.		
13. Confirm the EMT/Fire Department/Scuba Specialist/Security Presence at the location.	☐ Yes	☐ No
a. If yes, please provide names, web link(s) and key resumes:		
14. Additional information:		

Authorization Statement

I, being duly authorized by the company applying for coverage, declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

☐ I hereby agree to the above statement

Name:	Title:	Date:
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Agent or Producer:

Name:	Title:	Date:
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