



Certificate of Insurance Questions

- 1) I understand and agree that certificates cannot be issued to vendors engaged in any of the following activities: *
- Pyrotechnics/fireworks
 - Stunts
 - Promoters of live performances
 - Tour operators
 - Vehicles
 - o Car Commercials
 - o Car Crash or chase scenes
 - Any offshore exposures
 - o Incl. diving or watercraft Aerial by any means
 - Control or operation of trains or railroads
 - Tobacco products/commercials
 - Sponsors of competitions
 - o Athletic
 - o Vehicular
 - o Aircraft
 - o Watercraft
 - o Animal
 - Government Contracting
 - o Any obligation to provide specialized insurance, such as Defense Base Act Coverage, to a governmental agency
 - Sororities/Fraternities
 - Animal exhibitions
 - Athletic Activities
 - o Wrestling
 - o Soccer
 - o Skateboards
 - o Rodeos
 - o Motorized sporting events
 - o Paintball
 - o Hockey
 - Carnivals
 - Circuses
 - Mechanical/Amusement Devices
 - Gun/Knife exhibitors
 - Rap/Hip Hop performers/performances
 - New Years Eve events/celebrations
 - Any performance that includes any of the following
 - o Mosh pit
 - o Circle pit
 - o Raving
 - o Slam dancing
 - o Stomping
 - o Pogoing
 - o Wall of death

I Agree

*If your production includes any excluded activities, complete Stunt Questionnaire & return for approval.

- 2) Is the certificate request due to a contractual obligation? Yes No
- 3) Is the additional insured request in the name of an employee of the named insured or the requested additional insured? Yes No
- 4) Is the entity a pay roll service? Yes No
- 5) Is the requested additional insured engaged in co-production with the named insured? Yes No
- 6) Is the requested additional insured a loan out or shell corporation? Yes No
- 7) Is the additional insured request the result of a wrap-up agreement with any party? Yes No
- 8) I agree that the information included in the certificate of insurance is for informational purposes only, and does not create a contract or agency relationship between the certificate holder or any insured. Yes No

I Agree

Name:

Phone #:

Email:

Signature:

Date: