

Hammond
Martin
Walsh &
Smith



Insurance
Brokers

Designated Activities Supplemental

Date: _____

Contact Name: _____

Email: _____ Phone #: _____

Company Name: _____

Policy Number (if applicable): _____

Production Title: _____

Type of production activity: (separate questionnaire required for each hazard) _____

Type of scene being shot: (Driving, animal use, skiing, skateboarding, surfing, underwater, etc.) _____

Scene, description of activity, location (exact street address) and date/time: *

Scene Number(s): _____

Detailed Description: _____

Location: _____

Date/Time of filming: _____

Number of people in each scene: _____

Who will oversee scenes:

Name: _____

Email: _____ Phone #: _____

Protective measures to be used to protect participants, public and property: _____

Driving/vehicle use:

Provide Bio/resume of Driver, including experience and copy of license(s) of driver(s)

of driving scenes: _____ How fast: _____

How far: _____ How many scenes total: _____

Type of surface being driven: public paved road private property race track off-road ice

If on public road, how will public be protected: _____

***Additional information may be required depending on answers.**

If applicable, please provide:

Bio/resume of Stunt Coordinator/Pyrotechnician and Contact Information N/A

Email: _____

Phone #: _____

Bio/resume of medic N/A

Email: _____

Phone #: _____