

Hammond  
Martin  
Walsh &  
Smith



Insurance  
Brokers

**International Declaration**

Named Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Trip Dates – From \_\_\_\_\_ to \_\_\_\_\_

Shoot Dates – From \_\_\_\_\_ to \_\_\_\_\_

Type of Production

Where will shooting take place (attach page if necessary)

Please provide a synopsis of the production

Any Special Hazards (stunts, driving scenes, drone usage, etc.)

Any Additional Insureds (attach page if necessary)

Any Contractual Obligations (attach copy of contract if available)

Maximum crew traveling on any single flight: \_\_\_\_\_

Budget \$ \_\_\_\_\_

Will any owned equipment be accompanying the crew?  Yes  No

Replacement Value \$ \_\_\_\_\_

**Trip Travel Information:**

# Trips	Total # of Employees per Trip	List Countries of Travel	Type of Employee (USN, TCN, or LN)	Job Function (Sales, Technicians, etc.)	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN List Country of Origin

**Permanent Employee Information:**

Country	Job Function (Sales, Mfg, etc.)	Type (TCN, LN, Expat)	Annual Payroll	# of Employees	If USN, list State of Hire; If TCN or LN List Country of Origin

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_