

## REQUEST FOR CERTIFICATE OF INSURANCE

### LOCATIONS

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

LOCATION (IF DIFFERENT) \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DESCRIPTION OF LOCATION \_\_\_\_\_  
private residence – park – beach – etc.

DATES OF FILMING \_\_\_\_\_

### EQUIPMENT

VENDOR \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ITEMS RENTED \_\_\_\_\_

use back of form for additional items

REPLACEMENT VALUE \_\_\_\_\_

PICK UP \_\_\_\_\_ RETURN \_\_\_\_\_

### PERMITS

CITY \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

LOCATION \_\_\_\_\_

### STUDENT/PRODUCTION INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

COURSE \_\_\_\_\_ PROD. NO. \_\_\_\_\_

TITLE \_\_\_\_\_