



Truman Van Dyke
TVD
Entertainment Insurance
Since 1953

ENTERTAINMENT
MOTION PICTURE PRODUCTION
PACKAGE APPLICATION
STUNT QUESTIONNAIRE

Applicant:	
Production:	

Page No		
Specific Location	Description of Scene/Stunt	Date

Page No		
Specific Location	Description of Scene/Stunt	Date

Page No		
Specific Location	Description of Scene/Stunt	Date

If using a vehicle: How fast will the vehicle(s) be going? How close will the vehicle come to other vehicles/people/objects ?

Are all personnel covered for workers compensation by a payroll service Company	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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STUNT QUESTIONNAIRE continued

Protective measures used to protect participants and public
Bio/Resume of Stunt coordinator (attach or enter below)

Name of employer of record of person(s) performing stunts	How many on set

Please fax to 323 883-0024

Insured's Signature