



Insurer: _____
Policy Type: _____
Policy # _____
Effective Date: _____
Expiry Date: _____
Adjuster: _____

Claims Form

Production Company: _____

Production Office Address: _____

Production Title: _____

Type of Loss: Check appropriate boxes.

- | | | |
|--|---|---|
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Props, Sets & Wardrobe |
| <input type="checkbox"/> Bodily Injury | <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Cast |
| <input type="checkbox"/> Stunt/SFX | <input type="checkbox"/> Other _____ | |

Property or Persons Involved: _____

Date of Loss: _____

Reporting Date: _____

Reported By: _____

Description: _____

Contact Person: _____ Ph: _____