



Insurer: \_\_\_\_\_  
Policy Type: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_  
Adjuster: \_\_\_\_\_

## Claims Form

Production Company: \_\_\_\_\_

Production Office Address: \_\_\_\_\_

Production Title: \_\_\_\_\_

Type of Loss: Check appropriate boxes.

- Vehicle       Mobile Equipment       Props, Sets & Wardrobe  
 Bodily Injury       Office Equipment       Cast  
 Stunt/SFX       Other \_\_\_\_\_

Property or Persons Involved: \_\_\_\_\_  
\_\_\_\_\_

Date of Loss: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Reported By: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_