



# CHUBB GROUP OF INSURANCE COMPANIES

15 Mountain View Road, Warren, New Jersey 07059

## STUNT QUESTIONNAIRE

*(Complete one questionnaire for each stunt/effect)*

Named Insured: \_\_\_\_\_

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

1) Describe scene being filmed (including scene no.): \_\_\_\_\_  
\_\_\_\_\_

2) Type, Location (Exact Address) and Date of Stunt/Activity:

TYPE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

3) Person Responsible for Activity (e.g., Stunt Coordinator):

Name & Title: \_\_\_\_\_

No. of years of Experience at current position (attach resume): \_\_\_\_\_

4) Name of Stunt person(s) & experience at activity: \_\_\_\_\_  
\_\_\_\_\_

5) Proximity to:

- Persons (including crew): \_\_\_\_\_

- Property (including filming equipment): \_\_\_\_\_

6) Number of times (including rehearsal) that stunt will be performed: \_\_\_\_\_

7) Employer of Record for persons performing Stunt: \_\_\_\_\_

8) Describe protections for the cast, crew & public: \_\_\_\_\_

**NOTE:** This information must be submitted to the insurance company as soon as information is known – at least (5) days prior to shoot involving stunts. Carrier must approve before coverage is afforded.

\_\_\_\_\_  
Authorized Representative/Title

\_\_\_\_\_  
Date