



Consultants & Insurance Brokers

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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: _____

