



PYROTECHNIC SUPPLEMENTAL QUESTIONNAIRE

Intact Insurance Company

Policy Number (If applicable):	
Name of Insured/Applicant:	
Declared Production/Event:	
Full description of each Pyrotechnic being performed (a separate questionnaire for each pyrotechnic should be used if necessary):	
Type of scene being shot, or description of pyrotechnic planned:	
Scene number, description of pyrotechnic, Location (exact street address), date, time and time estimated to complete:	
(a)	Scene Number:
(b)	Description:
(c)	Location:
(d)	Date/Time:
(e)	Time to complete:
Describe the surrounding location and precautions taken for public, casts, participants and property (include a diagram):	
What security (Fire and Police) will be at the location:	
How many people are on the set when Pyro is set off:	
Who is in charge? (include resume of SFX Coordinator):	
How many Pyrotechnicians are needed:	
Are they certified Pyrotechnicians? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(attach a copy of all certifications, indicating what classification each individual holds)	
Are Pyrotechnicians your <input type="checkbox"/> employees, or <input type="checkbox"/> independent subcontractor	
If independent subcontractor, do they have equal or higher limits of general liability with no pyro exclusions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Independent contractors must provide a Certificate of Insurance naming our policy as an additional insured for the project. Please forward certificate.

Note: If the Pyrotechnicians are independent contractors who can provide a certificate of insurance naming the applicant as an Additional Insured, the surcharge may be reduced or eliminated.

Have the required permits been obtained? Yes No

If "Yes", please provide a copy.

Are any Railroad, Trains, Aircraft or Watercraft involved? Yes No

If "Yes", please describe:

(Please attach separate sheet with details)

Note: This supplemental questionnaire must be submitted to the insurer as soon as information is known – at least five (5) days prior to any shoot involving pyro; and must be approved by the insurer.

Signature

Completed by:

Title:

Date:

Email:

Telephone Number: