



Intact Insurance Company

STUNT AND HAZARDOUS ACTIVITY SUPPLEMENTAL QUESTIONNAIRE

Policy Number (If applicable):	
Name of Insured/Applicant:	
Declared Production/Event:	
Full description of each stunt being performed (a separate questionnaire for each Stunt):	
Type of scene being shot:	
Scene number, description of Stunt, Location (exact street address), date/time:	
(a)	Scene Number:
(b)	Description:
(c)	Location:
(d)	Date/Time:
How many people involved in the Stunt scenes:	
Have the required permits been obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is in charge?	(Please attach resume of Stunt/SFX Coordinator)
Describe any prior experience of the stunt performer with the activity:	
Describe any training and/or preparation the stunt performer is undertaking to perform the stunt activity:	
Describe the safety precautions that are in place to protect the stunt performer from injury:	
Protective measure to be used to protect casts, participants, public and property:	

Signature

Completed by:

Date:

Title:

Email:

Telephone Number:

Note: This supplemental questionnaire must be submitted to the insurer as soon as information is known and must be approved by the insurer.