

STUNT DRIVING QUESTIONNAIRE

Named Insured (Production Company): _____

Title of Production: _____ Episode # (If applicable) _____

1. Date of Shoot: _____

2. Location of Shoot: _____

3. Description of the driving activity.

4. What is the maximum driving speed? _____

5. Will the wheels of the vehicle(s) ever leave the driving surface? _____

6. Will the drivers vision be impaired at any time? _____

7. Describe the driving surface. _____

8. Describe safety measures used to protect employees, public and equipment:

9 Name of employer of record of person(s) performing the stunt: _____

10. Name and phone number of Stunt Coordinator. _____