

# STUNT QUESTIONNAIRE

Named Insured (Production Company): \_\_\_\_\_

Title of Production: \_\_\_\_\_ Episode # (If applicable) \_\_\_\_\_

1. Date of Shoot: \_\_\_\_\_

2. Location of Shoot: \_\_\_\_\_

3. Provide a description of the stunt.

\_\_\_\_\_  
\_\_\_\_\_

4. Who will be involved in the stunt? Cast, stunt doubles, crew? \_\_\_\_\_

5. Will the work be choreographed? \_\_\_\_\_

6. Confirm that a stunt coordinator had trained and qualified the cast/stunt doubles to perform the work.

\_\_\_\_\_

7. Describe safety measures in place to prevent injury to persons and damage to property.

\_\_\_\_\_  
\_\_\_\_\_

8. Name of employer of record of person performing stunt:

\_\_\_\_\_

9. Name and phone number of the Stunt Coordinator \_\_\_\_\_