

# STUNT RIGGING/WIRE WORK 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 type of wire work/rigging being used/performed. Please include the method being used. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What are the heights/distances of the stunt being performed? \_\_\_\_\_

5. How have the cast/stunt performers been trained for the particular stunt?

\_\_\_\_\_

\_\_\_\_\_

6. Please describe the safety in place to protect the crew and cast from injury. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How many riggers are needed to monitor the system? Are they all production employees? \_\_\_\_\_

\_\_\_\_\_

8. Will qualified first aid personnel be on set during the stunt? \_\_\_\_\_

10. Who is the employer of record for each person involved this activity? \_\_\_\_\_

11. Name of and phone number of Stunt Coordinator. \_\_\_\_\_