ANIMAL SUPPLEMENTAL QUESTIONNAIRE

In order to properly evaluate, reinsure, and rate the hazards involving the use of animals in filming, please provide the additional information requested.

1. Name of Applicant:__________________________________________________

2. Policy Number (If Applicable):________________________________________

3. Name of Production:_________________________________________________

4. Attached a copy of the contract with the Animal provider.
Name of Animal (If Applicable) __________________________________________
Type/Species:__________________________
Age:__________________________ Value:__________________________
Declawed/Defanged:__________________________

5. Format of the scene to be filmed, including what the animal is expected to do and controls on the animal during filming: ________________________________
____________________________________________________________________
____________________________________________________________________

6. Location of the filming: ________________________________________________

7. The number of days the insured has contracted for, commencing from the time the animals leave the compound until they are returned: ________________

8. Transportation exposure - who is legally responsible? _______________________
   a. Location of compound: _____________________________________________
   b. How and by whom will animals be transported: _________________________
   c. Number of days of transportation: _________________________________

9. Name of animal owner (attach brochure): _________________________________

10. Name of animal wrangler (attach resume): _______________________________
11. Has the animal been used in filming before? Yes_____ No______
   Please give us details as to experience:
   ________________________________________________________________
   ________________________________________________________________

12. How are animals controlled when not being used for filming activities: 
   ________________________________________________________________
   ________________________________________________________________

13. Was special training required of animal(s) for this project? Yes______ No______
   Explain: _________________________________________________________
   ________________________________________________________________

14. Please provide a copy of the Veterinary Certificate for sickness coverage: 
   __________________________

15. Is extra expense coverage/cast coverage desire? If so what limit? 
   __________________________

16. Is there a back up animal? _________________________________________

17. Are lead animal and back up animal kept together for transport and sleeping? 
   __________________________

Completed By: _______________________________
Title: _______________________________
Date: _______________________________

Broker: _______________________________
Address: _______________________________
   _______________________________
Tel No.: _______________________________
Fax No.: _______________________________

Note: This supplemental Questionnaire should be completed and submitted along with completed Acord forms, Production application, and/or Supplemental Questionnaire.