

## WORKERS' COMPENSATION CERTIFICATE OF INSURANCE REQUEST FORM

If your production has elected Cast and Crew's Workers' Compensation Services and needs a Certificate evidencing coverage, please complete the Certificate of Insurance Request Form and click the submit button. This will attach the form to an e-mail ready to submit to Cast & Crew's Workers' Compensation Department. Additional information or instructions should be placed in the body of the e-mail when the form is sent. Cast & Crew will either request additional information or return a Certificate of Insurance to the e-mail address indicated on the form.

PRODUCTION COMPANY NAME	
PROJECT NAME	
CONTACT NAME	CONTACT EMAIL
CONTACT PHONE NO.	COVERAGE REQUESTED <b>Workers Compensation</b>

To help expedite, please indicate reason for request (check any that apply):

- ☐ General Proof of Insurance  
☐ Filing for a permit to employ minors:   
 ☐ In California   
 ☐ In New York  
   
 ☐ In Other State: \_\_\_\_\_  
☐ A Location is requiring it (please attach a copy of location insurance requirements)  
☐ Proof for Tax Incentive State  
 Indicate which State: \_\_\_\_\_

ADDITIONAL COMMENTS
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