

CAPS Job Registration Form



Note: If using a MAC, please print out this form and complete it manually.
Thank you.

Job Contacts and Details

| | |
|---------------------|-------|
| Production Company: | Date: |
|---------------------|-------|

Address, City, State, Zip:

| | |
|-----------|-------------|
| Job Name: | Job Number: |
|-----------|-------------|

| | |
|---|----------------------------------|
| <input type="checkbox"/> Union <input type="checkbox"/> Non-Union | CAPS Pay Batch #(if applicable): |
|---|----------------------------------|

Commercial Low Budget PSA Other (please specify) _____

Fully executed agreement are required with the first payroll submission in order to avoid delays and/or benefit misallocations.

DGA Low Budget Tiers:

| | |
|---|--|
| <input type="checkbox"/> Tier 1: Under \$50,000 | <input type="checkbox"/> Tier 2: \$50,001-\$80,000 |
| <input type="checkbox"/> Tier 3: \$80,001-\$100,000 | <input type="checkbox"/> Tier 4: \$100,001-\$125,000 |

Music Video Tiers:

| | |
|--|---|
| <input type="checkbox"/> Tier 1: Under \$55,000 | <input type="checkbox"/> Tier 2: \$55,001-\$300,000 |
| <input type="checkbox"/> Tier 3: \$300,001-\$500,000 | <input type="checkbox"/> Tier 4: \$500,001 and up |

| | |
|-----------------------------|--------|
| Production Supervisor Name: | Phone: |
|-----------------------------|--------|

| | |
|---------|-------|
| E-mail: | Cell: |
|---------|-------|

| | |
|---------------|-------------------|
| Prep Date(s): | Prep Location(s): |
|---------------|-------------------|

When locations become known, please provide full address, including street, city, state and zip code:

| | |
|--------------------|------------------------|
| 1st Shoot Date(s): | 1st Shoot Location(s): |
|--------------------|------------------------|

| | |
|--------------------|------------------------|
| 2nd Shoot Date(s): | 2nd Shoot Location(s): |
|--------------------|------------------------|

| | |
|--------------------|------------------------|
| 3rd Shoot Date(s): | 3rd Shoot Location(s): |
|--------------------|------------------------|

Foreign Travel and High Risk Activity

Will there be foreign travel? Yes No

If yes, prior to traveling please complete the attached Foreign Travel Questionnaire (also found on <http://capspayroll.com> in the Worker's Comp Resources section) and submit to the CAPS Risk Management Department.

Will there be high risk activity? Yes No

(Examples: Air or water craft, temperature/weather extremes, weapons, pyrotechnics, wild animals, sports, running crowd scenes, fights, stunts)

If yes, please provide a copy of your treatment boards and/or scripts to the CAPS Worker's Compensation Department for review and coverage approval. Please note that any high risk activity must pre-approved by the CAPS Risk Management Department.

10600 Virginia Avenue
Culver City, CA 90232
Phone: 310-280-0755
Fax: 310-280-0889

400 Skokie Blvd., Suite 460
Northbrook, IL 60062
Phone: 847- 480-7366
Fax: 847-480-8846

65 Bleecker St., 13th Floor
New York, NY 10012
Phone: 212-925-1415
Fax: 212-925-1502

Foreign Travel Questionnaire

To help us comply with reporting requirements imposed by our insurance carrier, please complete this form as far in advance as possible for any travel outside the United States. The form can be faxed to 310-204-1912, a scanned copy e-mailed to: WorkersComp@capspayroll.com, or return the form to your Payroll Coordinator.

| | |
|-------------------------|-------------------------|
| Company Name: | Job Name: |
| Address: | |
| Primary Contact: | |
| Primary Phone: | Alternate Phone: |
| Email: | |

Travel Itinerary

| | |
|-------------------------------------|--------------------------------|
| Date of departure from U.S.: | Date of return to U.S.: |
|-------------------------------------|--------------------------------|

Please list your travel itinerary in chronological order:

| City/ Region | Country | To and From Dates |
|--------------|---------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please list the personnel traveling:
(Attach additional sheet if necessary)

| Name/ Title | SSN | To and From Dates |
|-------------|-----|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please check all that apply:

| | | | | |
|----------------------------------|---|--------------------------------|------------------------------------|---|
| Areas visiting: | <input type="checkbox"/> Urban | <input type="checkbox"/> Rural | <input type="checkbox"/> Remote | <input type="checkbox"/> Unsure |
| Accommodations: | <input type="checkbox"/> Hotel | <input type="checkbox"/> Ship | <input type="checkbox"/> Camping | <input type="checkbox"/> Bus/Motor home |
| | <input type="checkbox"/> Private Residence <input type="checkbox"/> Other (describe): | | | |
| Mode of travel: | <input type="checkbox"/> Air | <input type="checkbox"/> Rail | <input type="checkbox"/> Ship/boat | <input type="checkbox"/> Automobile <input type="checkbox"/> Mass transit |
| Will there be stunt work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will there be pyrotechnics? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will security measures be in place: Yes No If yes, please describe: