



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.

CLIENT INFORMATION

| | |
|------------------|------------------|
| 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 an additional sheet if necessary)

| Name and Title | SSN (Last 4 Digits) | To and From Dates |
|----------------|---------------------|-------------------|
| | XXX - XX - | |
| | XXX - XX - | |
| | XXX - XX - | |
| | XXX - XX - | |
| | XXX - XX - | |

TRAVEL DETAILS

| | |
|--|--|
| Will you be traveling to any foreign countries listed here? http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will any employees on a Cast & Crew or CAPS time card be involved in stunt work or pyrotechnics? If no, please leave blank. | <input type="checkbox"/> C&C <input type="checkbox"/> CAPS |
| Will security measures be in place? If yes, please describe: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Once completed, this form can be faxed to 818.848.4614 or e-mailed to WorkComp@castandcrew.com.

Revised: March 20, 2018

Initials: _____