



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 Workers Compensation

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

☐ General Proof of Insurance

☐ Filing for a permit to employ minors: ☐ In CA ☐ In NY

☐ 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
