



## Workers' Compensation Certificate of Insurance Request Form

If your production/event has elected Cast and Crew's Workers' Compensation Services and needs a Certificate evidencing coverage, please complete the Certificate of Insurance Request Form and submit to [workcomp@castandcrew.com](mailto:workcomp@castandcrew.com). 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/EVENT COMPANY NAME	
PROJECT/EVENT NAME	
CONTACT NAME	CONTACT EMAIL
CONTACT PHONE NO.	COVERAGE REQUESTED <i>Workers Compensation</i>

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)

ADDITIONAL COMMENTS
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