



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.

- Cast & Crew CAPS, A Cast & Crew Company

CLIENT INFORMATION

Production 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 Cast & Crew/CAPS 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	Yes No
Will any employees on a Cast & Crew or CAPS time card be involved in stunt work or pyrotechnics?	<input type="checkbox"/> Cast & Crew <input type="checkbox"/> CAPS <input type="checkbox"/> No
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.

Cast & Crew Entertainment Services, LLC- Workers' Compensation Department
 Tel: 818.848.6022 Fax: 818.848.4614 workcomp@castandcrew.com

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ALBUQUERQUE ATLANTA BATON ROUGE BURBANK DETROIT NEW ORLEANS NEW YORK WILMINGTON
 TORONTO VANCOUVER