

To properly evaluate the potential risk involved in your production, please provide as much of the following information as possible. It is mandatory that this information be provided prior to production in order to assure that appropriate workers' compensation insurance is in place for your shoot.

BASIC INFORMATION			
Client/Customer		Project Name (Commercial/Event/Production Title)	
Check all that apply to this project. If you check one or more boxes, please complete this questionnaire in its entirety, as well as provide the scripts/storyboards.			
<input type="checkbox"/> Pyrotechnics	<input type="checkbox"/> Aerial Photography	<input type="checkbox"/> Filming On/Around Water	<input type="checkbox"/> Fights
<input type="checkbox"/> Foreign Travel	<input type="checkbox"/> Extreme Sports	<input type="checkbox"/> Working with Animals	<input type="checkbox"/> Dancing
Other Hazardous Activity (please specify):			
Submitted By			
Name		Title	
Email		Phone	
Signature			Date

PROJECT DETAILS	
1. Describe the scenes being shot in as much detail as possible (ex: Choreographed fight between two performers using a fake knife and a prop gun). Please add an additional page if necessary to describe activity in detail.	
2. Provide the exact location (street address if possible) where the stunt/high risk element will take place.	
3. Provide the date(s) of the potentially hazardous production.	
4. What protective measures will be used to protect the participants, crew and public?	
5. Will Extreme Reach Talent or Extreme Reach Production Solutions be the employer of record for the persons performing the potentially hazardous work?	
<input type="checkbox"/> Extreme Reach Talent	<input type="checkbox"/> Extreme Reach Payroll Solutions
<input type="checkbox"/> Neither	<input type="checkbox"/> Both
6. How many performers are involved in the hazardous scenes? Provide the resumes of each performer with this form. If known, please describe any prior accidents.	
7. Will there be a choreographer and/or stunt coordinator involved? If so, provide the resumes of each with this form.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Questions? Contact us at [riskmanagement@extremereach.com](mailto:riskmanagement@extremereach.com)