



CHUBB GROUP OF INSURANCE COMPANIES

15 Mountain View Road, Warren, New Jersey 07059

PYROTECHNIC QUESTIONNAIRE (Complete one questionnaire for each effect)

Named Insured: _____

Production Title: _____

1) Describe scene being filmed (including scene no.): _____

2) Type, Location (Exact Address) and Date of Stunt/Activity:

TYPE: _____

LOCATION: _____ DATE: _____

Permit Required? _____ What Authority? _____

3) Person Responsible for Activity (e.g. Pyrotechnician):

Name & Title: _____

No. of years of Experience at current position (attach resume): _____

What type of pyro license is held (State or Federal)? _____ License No. _____

4) What is the diameter of the effect being performed and what materials are being used: _____

5) Proximity to Persons (including crew): _____

6) Proximity to Property (including filming equipment): _____

7) Number of times (including rehearsal) that effect will be performed: _____

8) Are members of the fire department standing by? _____ With water supply? _____

9) Describe protections for the cast, crew & public: _____

NOTE: This information must be submitted to the insurance company as soon as information is known – at least (5) days prior to shoot involving stunts. Carrier must approve before coverage is afforded.

Authorized Representative/Title

Date