

APPLICATION for: ANIMAL SUPPLEMENTAL

SUBMISSION REQUIREMENTS Copy of Storyboard (if available) Name and biography of Wrangler Contract with owners of animal Vet cert (in order for animal sickness and mortality coverage to apply) SECTION I. **GENERAL INFORMATION** Type of Animal: _____ Name of Animal: Age: _____ Weight: _____ How is the value determined? _____ Number of years filming experience: SECTION II. PRODUCTION DETAILS Any stunts or hazardous activities? Yes No Description of activity: 2. 3. Location of shoot: ☐ Yes ☐ No Is it a closed set? How will animal(s) be transported? _____ 5. ☐ Yes ☐ No Will the wrangler be on set at all times? 6. Where will the animal be when not on set? _____ 7. 8. Is the animal the hero? ☐ Yes ☐ No Is there a back-up animal? ☐ Yes ☐ No 9. Any known health problem(s) with the animal? ☐ Yes ☐ No If yes, please explain____ 10. If the animal is incapacitated due to illness, injury or death, how much time will it take to get the back-up animal ready for filming? 11. What safety precautions are in place to protect the animal(s) while training and filming during non-working time? ______ 12. What safety precautions are in place to protect persons and property in the event the animal becomes aggressive? ______

13. Are cast and crev	w covered throu	ugh a payroll service com	npany?				Yes No	
undersigned to comp Application will be a	plete the insura attached and b	the best of his/her kn ance, but it is agreed to become a part of such dication as they may do	hat this Application has Policy, if issued.	shall be the ba	sis of the contra	act should a Polic	y be issued, and this	
(which shall be retai the proposed Policy	ned on files by and are to be o	and statements conta y Underwriters and wh considered as incorpor	ich shall be deemed rated into and consti	attached here tuting a part of	eto, as if physic f the proposed F	ally attached here Policy.	to), are the basis for	
the applicant will not	tify Underwrite	s any material change rs and, at the sole disc						
Submitted by:	(Age	nt)	_ Applicant	Applicant Signature:				
Date:	_		Name [.]					
Date: (Month)	(Day)	(Year)		(Plea	se Print)			
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