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ANIMAL SUPPLEMENTAL QUESTIONNAIRE

In order to properly evaluate, reinsure, and rate the hazards involving the use of animals in filming, please provide the additional information requested.

1. Name of Applicant: _____
2. Policy Number (If Applicable): _____
3. Name of Production: _____
4. Attached a copy of the contract with the Animal provider.
 Name of Animal (If Applicable) _____
 Type/Species: _____
 Age: _____ Value: _____
 Declawed/Defanged: _____
5. Format of the scene to be filmed, including what the animal is expected to do and controls on the animal during filming: _____

6. Location of the filming: _____
7. The number of days the insured has contracted for, commencing from the time the animals leave the compound until they are returned: _____
8. Transportation exposure - who is legally responsible? _____
 - a. Location of compound: _____
 - b. How and by whom will animals be transported: _____

 - c. Number of days of transportation: _____
9. Name of animal owner (attach brochure): _____
10. Name of animal wrangler (attach resume): _____

11. Has the animal been used in filming before? Yes _____ No _____
Please give us details as to experience: _____

12. How are animals controlled when not being used for filming activities: _____

13. Was special training required of animal(s) for this project? Yes _____ No _____
Explain: _____

14. Please provide a copy of the Veterinary Certificate for sickness coverage: _____
15. Is extra expense coverage/cast coverage desire? If so what limit? _____

16. Is there a back up animal? _____

17. Are lead animal and back up animal kept together for transport and sleeping? _____

Completed By: _____

Title: _____

Date: _____

Broker: _____

Address: _____

Tel No.: _____

Fax No.: _____

Note: This supplemental Questionnaire should be completed and submitted along with completed Acord forms, Production application, and/or Supplemental Questionnaire.