

	<b>OneBeacon Entertainment</b> 1100 Glendon Avenue, Suite 900 Los Angeles, CA 90024 License No. 0773887	<b>Los Angeles</b> (781) 332-8400 Fax (866) 640-6533 <b>New York</b> (212) 307-0111 Fax (212) 307-0598
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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.