



STUDENT REQUEST FOR FILM INSURANCE

University of Miami
Department of Risk Management
1320 South Dixie Hwy Ste. 1200
Coral Gables, FL 33146
Phone (305) 284-3163 / Fax (305) 284-3405
Please Print Clearly

Student's Name: _____ ID# _____

Today's Date _____ Class _____ Professor _____

Your Phone #: _____ Your email address: _____

Film Name: _____ Shoot Location Name: _____

Address of Shoot (if different from Certificate Holder Address below):

Date(s) of shoot: _____

Certificate Holder Name (property owner):

Certificate Holder Address (required):

Additional Insured Required? Yes ___ No ___ SAG Actor(s)? Yes ___ No ___

If using SAG Actor(s), list name(s) and Social Security Number or SAG# _____

Number of participants: _____ Total participants age 18 or younger (minors) _____

List names of each volunteer/ crew/ cast member on the shoot (Attach additional sheets if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please send this completed form to: RISK MANAGEMENT by email to Mark Gresham mgresham@miami.edu or Leo Portes lportes@miami.edu or by fax 305-284-3405. *No student filming shall occur either on campus or elsewhere without prior written consent in the form of an email or issuance of a certificate of insurance by our office. Please send this form to Risk Management at least one week prior to your shoot. For any questions and/or concerns, call (305) 284-3163. Thank you for your cooperation.*
Revised 11/2016