



STUDENT REQUEST FOR FILM INSURANCE

University of Miami -- Risk Management
Gables One Tower
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 _____

Contact Phone #: _____ / Email address: _____

Film Name: _____ Film Location Name: _____

Date(s) of film shoot: _____

Certificate Holder (legal name/ address of property owner): _____

Certificate Holder Address (required): _____

Address of Shoot (if different from Certificate Holder):

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 13 or younger (minors) _____

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

Please send this form to: RISK MANAGEMENT by email to Mark Gresham at mgresham@miami.edu & riskmanagement@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 us at (305) 284-3163. Thank you for your cooperation.

