

Special Handling Questionnaire

Please use Adobe® Acrobat® or Reader® 7.0 (or higher) to fill out this form and click the Email Form button on the next page to send your completed form by email. Or you may FAX the completed form to Sarah Allen at 818.260.6493.

Production Company: _____

Production Title: _____

Production Contact Name: _____ Phone: _____

Email: _____

Your Insurance Broker's Name: _____ Phone: _____

Email: _____

Please check ALL that apply: Wild Animals Watercraft Aircraft
 Pyrotechnics Foreign Stunts
 Other Hazardous Activities not listed above:

US Government Contract Project

Any Foreign Countries listed here: www.treas.gov/offices/enforcement/ofac/programs? Yes No

Dates for Above Activities:

Locations:

Description of Activities:

How Many EP Employees Involved (number and job function)?

NOTE: EP cannot pay aircraft pilots unless acceptable Aircraft Certificates of Insurance are approved by EP Risk Management **PRIOR** to flight activities.

CONTINUED ON NEXT PAGE →



Names of Stunt Coordinators / Safety Coordinators:

Name of Nearest Emergency Hospital:

Number of Miles:

Describe Safety Precautions and Experience of Those Participating in Hazardous Activities:

Please use Adobe® Acrobat® or Reader® 7.0 (or higher) to fill out this form and click the Email Form button below to send your completed form by email. Or you may FAX the completed form to Sarah Allen at 818.260.6493.