Office of Risk Management
3020 Market Street, Suite 102
Philadelphia, PA 19104
Email: orm@drexel.edu

Request for Location Insurance for Student Films

1. Student Name and contact information *(Phone number and/or email address)*:

   _____

2. Name of Film: _____

3. Describe the location being filmed *(e.g. inside a restaurant, the lobby of an office building, etc.)*:

   _____

   _____

4. Dates of filming at the location: _____

5. Generally explain the types of physical action that may take place in the film:

   _____

   _____

I have reviewed and approve the film's script, and I confirm that it is part of the curriculum requirement for the academic course:

Course Title: _____

Professor's Name: _____ *Phone #:* _____

Professor's Signature: _____

6. Certificate Holder Information :

   - Name *(This is the entity requiring the insurance)*: _____
   - Address: _____

     _____
   - Contact *(This is the person who should receive the certificate of insurance)*:

     _____
   - Phone Number of Contact: _____
   - Email and/or Fax number where certificate of insurance should be sent:

     _____

7. Location address *(if different than that of certificate holder)*:

   _____

   _____

8. If the location has specific insurance requirements in writing, please attach these requirements to this form.