



Office of Risk Management
The Left Bank
 3180 Chestnut Street, Suite 101, Philadelphia, PA 19104
 Phone: 215-895-2292
 Fax: 215-895-1411

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.