



Office of Risk Management

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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.