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| **PROD. NUMBER** | **PRODUCTION TITLE** |
|  |  |

As Producer of the aforementioned film, I hereby request the issuance of a certificate of insurance by the Florida State University College of Motion Picture Arts (“College”) to the following person/business:

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| --- | --- |
| Business name: |  |
| Contact person: |  |
| Business address: |  |
| Phone number: |  |
| Email: |  |

I fully understand that the College’s decision to issue a certificate of insurance is solely to allow my production access to the person/business’ facility and/or equipment.

I further understand that the College is not liable for any damage or loss to said facility and/or equipment. My director and I agree to be financially responsible for any loss and/or damage that occurs to said facility and/or equipment.

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|  |  |  |  |  |  |  |
| PRODUCER NAME |  | SIGNATURE |  | PHONE |  | DATE |
|  |  |  |  |  |  |  |
| DIRECTOR NAME |  | SIGNATURE |  | PHONE |  | DATE |
|  |  |  |  |  |  |  |
| PRODUCTION SUPERVISOR NAME |  | SIGNATURE |  | PHONE |  | DATE |

Date Certificate sent: Faxed: Emailed: Loc: Rnt: Auto: