



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:

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.

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

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