

**CERTIFICATE OF INSURANCE REQUEST FORM - STUDENT FILM SHOOT**

When the property owner of a site location requests a certificate, this form must be **submitted to the Office of Risk Management (Job Hall 3) at least 10 days in advance of the shoot. If more than one site is used, a separate form is required for each requesting property owner.**

**\*\* ITHACA COLLEGE WILL NOT INSURE ANY EQUIPMENT RENTED BY STUDENTS. \*\***

**COURSE NAME AND NUMBER:** \_\_\_\_\_

**INSTRUCTOR'S AUTHORIZATION: I verify that the student listed below is completing this film shoot as a course requirement.**

**INSTRUCTOR'S SIGNATURE/DATE** \_\_\_\_\_

**Student:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Student Phone:** \_\_\_\_\_

**Title of Film Shoot:** \_\_\_\_\_

**Student MUST give a full description of the action in the film shoot:(ex. running, jumping, walking, sitting, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Shoot Location:** \_\_\_\_\_

**Date(s), including rain dates:** \_\_\_\_\_

**Number of people involved in shoot:** \_\_\_\_\_

**Are any participants non Ithaca College students?** \_\_\_\_\_

**If so, explain:** \_\_\_\_\_

**Name/Address of Organization Requesting Certificate:**

**Be CERTAIN the first line reads EXACTLY as requested, i.e. City of Ithaca, YMCA, etc.  
An error will delay your project!**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Does the organization require that it be named as "ADDITIONAL INSURED" on the certificate?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**(Check One)** \_\_\_\_\_ **Mail certificate to organization**

\_\_\_\_\_ **FAX certificate to organization/FAX#** \_\_\_\_\_