



## Hazardous Activity Questionnaire

In order to properly evaluate the hazards involving aerial photography, stunts, activity on water, the use of watercraft, or other high-risk activities, please provide the information requested. (Further additional information may also be required). A separate questionnaire should be completed for each high-risk activity. Please be advised, review times may vary depending on the high-risk activities involved and thoroughness of information provided. NOTE: Cast & Crew/CAPS does not pay or provide Workers' Compensation for aircraft pilots or participants engaged in risky activities without prior approval.

**Cast & Crew**

**CAPS, A Cast & Crew Company**

PRODUCTION COMPANY NAME	
PROJECT NAME	CONTACT NAME
CONTACT EMAIL	CONTACT PHONE NO.

Complete this form if any of the following applies:

Hazardous/High Risk Activities (check all that apply):

- |         |                              |                             |              |                 |
|---------|------------------------------|-----------------------------|--------------|-----------------|
| Animals | Athletes/Dancers             | Aircraft*/Drones*/Skydiving | Scuba Diving | Motor Vehicles  |
| Stunts  | Watercraft/Activity on Water | Weapons/Live Ammunition     | Pyrotechnics | Extreme Weather |
- Any Other Hazardous Activities not listed above (write in):

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Activity in any Foreign Countries (list countries here):

LIST DATES OF ABOVE ACTIVITIES
LOCATIONS
DESCRIPTION OF SCENE BEING FILMED
DESCRIPTION OF STUNT/ACTIVITIES IN DETAIL

Name & title of each person involved in the stunt, or that will be in/on the aircraft/watercraft:  
(include only Cast & Crew/CAPS employees)\*

1	2	3
4	5	6

\*Please attach additional sheets if necessary

TOTAL NUMBER \_\_\_\_\_

Name of Safety Coordinator(s):

Person(s) in charge of stunt:

1	2	1	2
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Is Cast & Crew/CAPS Paying the Following? (Check all that apply):

Actors

Extras

Production Crew

Stunt Performers

NAME OF NEAREST EMERGENCY HOSPITAL	DISTANCE (MILES) FROM SITE
DESCRIPTION OF SAFETY PRECAUTIONS USED TO PROTECT PARTICIPANTS AND CREW (ATTACH SAFETY PLAN)	

Additional questions for aerial activities (including drones):

AIRCRAFT COMPANY NAME
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Is the Pilot being paid by Cast & Crew/CAPS?

Yes  No If yes, name: \_\_\_\_\_

**\* SUBMIT A COPY OF AIRCRAFT INSURANCE OF AT LEAST \$5 MILLION ALONG WITH A COPY OF PILOT'S LICENSE.**

ADDITIONAL REMARKS
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Please submit via email or fax the completed copy of this form to Cast & Crew.

Cast & Crew Entertainment Services, LLC- Workers' Compensation Department

Tel: 818.848.6022 Fax: 818.848.4614 workcomp@castandcrew.com

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TORONTO VANCOUVER