



# Nicholson School of Communication and Media

## Certificate of Insurance Request Form

1. Fill this form out in its entirety and obtain your instructor-of-record's approval via their signature.
2. Clearly indicate which scenes will take place at this location on a PDF copy of your script or project outline.
3. EMAIL this form and your script to the **Insurance Coordinator, Alex Korp** ([William.Korp@ucf.edu](mailto:William.Korp@ucf.edu)), and the **Film Operations Manager, Jonathan Bowen** ([Jonathan.Bowen@ucf.edu](mailto:Jonathan.Bowen@ucf.edu)).
4. Please allow at least 3 business days for this process. You will be emailed the certificate upon approval.
5. It is your responsibility to get copies of the certificates to the correct recipients on your project.

### Please provide the info for the Property Owner asking for proof of insurance:

- Property Owner Name: \_\_\_\_\_
- Company Name (if applicable): \_\_\_\_\_
- Street Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Fax Number (if applicable): \_\_\_\_\_
- Email of Primary Contact Person: \_\_\_\_\_
- Website Address (if applicable): \_\_\_\_\_

### Please provide information regarding your course-prompted film/video project:

- Project Working Title: \_\_\_\_\_
- Name of Primary Student Responsible: \_\_\_\_\_
- Student Phone: \_\_\_\_\_ Student's UCF Email: \_\_\_\_\_
- Name of Secondary Student Producer (if applicable): \_\_\_\_\_
- Student Producer - Phone: \_\_\_\_\_ UCF Email: \_\_\_\_\_
- Course Prefix and Name / Thesis Type: \_\_\_\_\_
- Dates of Production - Start: \_\_\_\_\_ Wrap: \_\_\_\_\_
- Estimated Hours for Each Day of Production (include for set-up and wrap time): \_\_\_\_\_
- TOTAL Number of Cast and Crew Members Expected at this Location: \_\_\_\_\_
- TOTAL Number of Production Related Vehicles Expected at this Location: \_\_\_\_\_

I have completed a *UCF-NSCM-FMM Student Agreement Form* and confirm that my production does not include any uninsured or prohibited items or activities.

I have uninsured items or activities in my production and have already submitted an *Uninsured Activity Form* to the **Risk Management Review Panel** and it has been approved. I have also completed a *UCF-NSCM-FMM Student Agreement Form*.

STUDENT DIRECTOR'S SIGNATURE: \_\_\_\_\_

INSTRUCTOR OF RECORD: \_\_\_\_\_

INSTRUCTOR OF RECORD SIGNATURE: \_\_\_\_\_