



Application
for *Accident on Set* Insurance Program
FORM 01-A

PLEASE EMAIL OR FAX TO:

[Reset Form](#)

Accident on Set Insurance Program
AFBS

Email Address: admin@accidentonset.ca
Fax: 1.888.804.8929

Individuals participating in an extreme sport or excessive risk activity, as outlined on Page 3, are excluded from coverage.

PRODUCER INFORMATION: (please print)

Production Company				
Production Title		Producer(s)		
Permanent Address	Street Name, Suite and Number	City	Province	Postal Code
Canadian Address (if different from "permanent address")	Street Name, Suite and Number	City	Province	Postal Code
Contact Name		Contact Telephone		
Contact Email				

RISK ASSESSMENT: (required)

Does the above referenced Production involve stunt action? YES NO

If YES, please submit the following additional information with this application:

1. The stunt coordinator's resume and ACTRA #
2. The name and ACTRA # of performers who will be involved in stunt action including, but not limited to, stunt performers, stunt riggers, stunt safety and stunt drivers
3. The coordinator's description of planned stunts or related material, such as diagrams, photos or storyboards showing any stunt action, especially any stunt gags that may not be standard

Are activities planned that could be considered an extreme sport or excessive risk? YES NO

For Productions **where no stunt action is planned**, is there physical action? YES NO

Physical action is defined as any movement or activity beyond normal walking and talking, and could include dancing, swimming, running, tripping, shoving, paddling, jumping, falling or where padding or mats are being used.

If YES, please outline the physical action below and include the name and ACTRA # of performers who will be involved in physical action.

Underwritten by:

AFBS: 1000 Yonge Street, Toronto, ON M4W 2K2
PHONE: 416.967.6600 1.800.387.8897 **FAX:** 416.967.4744 1.888.804.8929
EMAIL: admin@accidentonset.ca **WEB:** accidentonset.ca



Intimacy Coordinator

Are performance activities planned for rehearsals and/or filming that could necessitate the on-set presence of an ACTRA Intimacy Coordinator? YES NO

If YES, please outline the details of the scene below and include the name and ACTRA # of performers who will be involved in the scene, including the Intimacy Coordinator.

I/We hereby request enrolment for the named Production in the AFBS **Accident on Set** Insurance Program, as described in the provisions of the Master Insurance Policy for the period outlined below, subject to extension by mutual agreement.

The acceptance of this Application is at the discretion of AFBS and subject to the issuance of a Certificate of Insurance for the named Production. I/We understand that acquiring **Accident on Set** insurance does not change or waive any liability to register with a workers' compensation program, if required.

I/We understand that acceptance of this Application is conditional on the undersigned accepting all the terms and conditions of the Policy, which includes all provisions, and/or endorsements attached to said Policy and the requirement that the Production maintains general liability insurance coverage.

I/We understand that both the calculation and payment of premium due are the responsibility of the Production company and the method of payment to AFBS is indicated below.

Production Start Date <i>(see instructions below)</i> DD MM YYYY	Prime Set Location(s) City/Province	
Production End Date <i>(see instructions below)</i> DD MM YYYY	2nd Unit Set Location(s) City/Province	
Premium Remittance to AFBS <input type="checkbox"/> Via Cast and Crew <input type="checkbox"/> Via Entertainment Partners (EP) <input type="checkbox"/> Pay AFBS directly <input type="checkbox"/> Other payroll service _____	Total Production Budget under \$100,000 <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, will performers receive payment or an honorarium? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please indicate the IPA program (check only one): <input type="checkbox"/> AFSCOOP <input type="checkbox"/> AIP <input type="checkbox"/> CIPIP <input type="checkbox"/> CO-OP <input type="checkbox"/> MIP <input type="checkbox"/> New Media <input type="checkbox"/> Resume Agreement <input type="checkbox"/> Student <input type="checkbox"/> ULB <input type="checkbox"/> WIP <input type="checkbox"/> Other _____	
Name of Authorized Signatory (please print)		Title
Authorized Signature <i>(electronic signature not allowed)</i>		Date Signed DD MM YYYY

INSTRUCTIONS

Production Start Date – Remember to include rehearsals, read-throughs, camera tests and fitting days when determining the Production Start Date

Production End Date – Remember to include any ADR when determining the Production End Date.

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EXTREME SPORTS AND EXCESSIVE RISK ACTIVITIES EXCLUDED FROM COVERAGE

Extreme sports and excessive risk activities are specialized risks and excluded from coverage under the **Accident on Set** insurance program. Extreme sports and excessive risk activities include, but are not limited to, activities such as ice climbing, mountain climbing, rock-face climbing, heli-skiing, big-wave surfing, high-level cliff diving, mountain back-country skiing/snowboarding/snowmobiling, big-mountain skiing, other sports involving X Games, sports involving Big Air, and BASE jumping/ski-BASE jumping, as well as activities such as high wire and certain aerobatics. The **Accident on Set** insurance program reserves the right to deny liability for any claims that may result. Production may wish to contact their film insurance broker or general liability insurer in order to ensure appropriate coverage is in place for these types of risk.

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13-05-21

