



QUESTIONNAIRE FILM/SHOOTING

GENERAL

TYPE OF PRODUCTION

TITLE OF THE FILM

(also internal invoice reference)

**PRODUCTION AND
POST-PRODUCTION BUDGET**

 €

**NUMBER OF PEOPLE TO BE INSURED IN
CAST - NON APPEARANCE**

NUMBER OF SHOOTING DAYS

SHOOTING LOCATION

INSURANCE SUM

EQUIPMENT

 €

CHARACTER VEHICLES

 €

OPTIONAL COVER

INSURANCE 'PERSONAL ACCIDENT'

(Total services)

(ex.: 5 technician x 5 shooting days = 25 total services)

EXTRAS	technician	actors	Staff of production

TRAVEL 'ASSISTANCE'

Number of person	Number of days

UAV OPERATORS



ANY QUESTION?
Tel.: 04040 177-777

Choice Insurance Coverage

- ▷ **NON APPEARANCE** **CIVIL LIABILITY** ◁
- ▷ **SUPPORT** **EQUIPMENT** ◁
- ▷ **ADDITIONAL COSTS** **PROPS, SETS AND ACCESSORIES** ◁
- ▷ **PRODUCTION OFFICE CONTENT** **CHARACTER VEHICLES** ◁
- ▷ **CASH** **LOSS OR DAMAGE TO UAV** ◁
- ▷ **PAKET ALL IN** ◁

Project details

SYNOPSIS

PRODUCTIONS DATES

-

DATE OF POST-PRODUCTION

-

LIST OF SHOOTING LOCATIONS

NAMES OF THE PEOPLE TO BE INSURED UNDER THE CAST - NON APPEARANCE COVER

NAME TRAVEL ASSISTANCE

SPECIALS