



**PYROTECHNIC / EXPLOSIVES QUESTIONNAIRE**

This questionnaire is a critical part of the insurance coverage process and will become one of the legal documents that are the basis for insurance coverage as stated in the application. The warranties expressed in the insurance application are summarily expressed for this questionnaire. Therefore, it is necessary that the questionnaire be completed in full, dated and signed. Complete this form and submit at least 5 days prior to the beginning of the Principal Photography.

Applicant \_\_\_\_\_ Today's Date \_\_\_\_\_

Production Title \_\_\_\_\_

1. Name of Special Effects Coordinator \_\_\_\_\_

2. Are you a licensed pyrotechnics specialist?  Yes  No  
 If yes, length of time licensed \_\_\_\_\_ Class of license \_\_\_\_\_

3. Length of time working in the Special Effects facet of the motion picture and/or television business \_\_\_\_\_

4. List last five (5) credits by Production Title in which you supervised/coordinated the use of protechnics/explosives:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_  
 d. \_\_\_\_\_  
 e. \_\_\_\_\_

Any insurance losses as a result?  Yes  No If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Indicate the following for this project:

Scene No.	Scene Description	Pyrotechnics Description

6. Indicate the following concerning the implosion and/or explosion sequences to be expected:

Planned Date	Sequence Location	Subject of Intended Explosions	Detonation Materials Used

7. If the subject of intended implosions/explosions are buildings, complete the following:

Building Type/Description	Structure Suitable for Explosion	Distance of Other Structures/ Properties From Explosion

8. Name of Project Licensed Powder Person \_\_\_\_\_

9. Indicate which safeguards will be taken at each sequence location:

- Use of pyrotechnics/explosives on "Call Sheets."
- On-site meeting with all Production Company personnel involved with sequence.
- "On-Site Walk-through" or "Dry Run" of sequence to be performed before camera rolling and after any substantial changes.
- Acceptable avenues of escape have been established and all Production Company personnel notified of routes.
- Only persons and crew necessary for the purpose of filming each sequence will be at sequence explosion area.
- "No Smoking" signs are posted in all areas of sequence locations and no smoking or open flames permitted within 50 feet where explosives or pyrotechnic devices are stored or handled.
- No person under age 18 shall be near where explosives are used (Title 8 of CA Administrative Code).
- Fire Marshall present at all times.

10. Additional safeguards:

- a. Is the transportation handling, and storage of explosives and/or pyrotechnic devices being carried out in accordance with all applicable Federal, State and Local laws?  Yes  No
- b. Will ALL proper authorities be notified in advance that explosives will be used at each sequence location?  Yes  No
- c. Will ALL explosives and explosive devices be shunted?  Yes  No
- d. Will the detonation of explosives be from a DC power source?  Yes  No
- e. During preparation of pyrotechnics/explosives, will the proper personnel be alerted to avoid all radio transmission in the area?  Yes  No
- f. Have proper ventilation measures been taken at each sequence location where explosives will be executed?  Yes  No
- g. Have you discussed the explosion sequence with ALL concerned parties at each location?  Yes  No  
 If yes, were you requested by any of these concerned parties to take additional safeguards to protect the sites used for explosion as well as other property thought to be vulnerable to explosion?  Yes  No

If yes, explain additional requested safeguards taken at each sequence.

\_\_\_\_\_

h. Distance the general public and surrounding structures will be from the sequence. \_\_\_\_\_

\_\_\_\_\_

11. Is the Project Director at any of the sequence locations?  Yes  No

If yes, which sequence(s)? \_\_\_\_\_

Why? \_\_\_\_\_

12. Are any of the Insured Cast Members involved in any of the pyrotechnics scenes or at any of the sequence locations?

Yes  No If yes, list the following:

Cast Member Name	Scene Number

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Federal Employer I.D. No. \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

Agent/Broker \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

## APPLICATION SUPPLEMENT - FRAUD WARNINGS

This supplement becomes attached to the applications in the following states:

**Arkansas - applicable to all coverages:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**District of Columbia - applicable to all coverages:**

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky – applicable to all coverages:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**New Jersey - applicable to all coverages:**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio - applicable to all coverages:**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma - applicable to all coverages:**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania - applicable to all coverages:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**Virginia - applicable to all coverages:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.