



Certificate of Insurance Request
Film Shoot (Off-Campus Location)
Webster University
470 East Lockwood
procurement@webster.edu

1. Student Name and contact information (*Phone number and/or email address*):

2. Name of Film: _____
3. Describe the location being filmed (*e.g. inside a restaurant, the lobby of an office building, etc.*):

4. Dates of filming at the location: _____
5. Generally explain the types of physical action that may take place in the film:

6. Certificate Holder Information:
 - Name (*This is the entity requiring the insurance*): _____
 - Address: _____

 - Contact (*This is the person who should receive the certificate of insurance*):

 - Phone Number of Contact: _____
 - Email where certificate of insurance should be sent: _____
7. Location address (*if different than that of certificate holder*):

8. If the location has specific insurance requirements in writing, please attach these requirements to this form.

*Student has provided all Required paperwork
for this film shoot*

Student's Signature

Director of Procurement Signature