



Biola University Production Center Insurance Approval Form

The Production Center and its resources are a great privilege. We (Production Center staff) desire to make our facilities as open and available as possible to you and to your peers. To accomplish this goal, you, and every other member of our community, must exercise your privileges responsibly.

To this end, this insurance approval form seeks to ensure that equipment will be properly transported, used in appropriate locations, and adequately maintained. If your project plans to use gear beyond a 100-mile radius from Biola's La Mirada campus, this form is a requirement to properly assess and manage insurance risk.

PERSONAL INFORMATION

Name

Student ID Number

Contact Cell Phone

E-mail

PROJECT INFORMATION

Greenlight Number (If applicable)

Working Title or Class

Instructor

Number of CMA/JIM Majors Involved

Number of Other Crew Members

Requested Check Out (Day of the Week, Date, Time)

Requested Check In (Day of the Week, Date, Time)

LOCATION DETAILS

My project will be conducted in the State of California:

County

City

ZIP Code

Miles from Biola

My project will be conducted outside the State of California:

Country/Territory

State/Province/Region/District/Prefecture

County (If applicable)

City/Town/Municipality

Postal Code

CONDITIONS

Desert Beach Snow Remote Locale

Other known extreme condition: _____

EQUIPMENT TRANSPORTATION DETAILS

Please include details about packaging material, and transport vehicle. If item will be flown, please detail if the item will be checked or carried on-board.

Equipment will be:

Driven Flown Shipped (Carrier): _____

Other: _____

Transport details:

EQUIPMENT VALUE

Please attach printout from the Production Center Equipment Room listing all items and corresponding replacement values.

Signature

Date

OFFICE USE ONLY

Approved

Denied

Signature of Production Center Manager for Approval

Date