



Application
for **Accident on Set** Insurance Program

PLEASE FAX OR E-MAIL TO:

Accident on Set Insurance Program – Actra Fraternal Benefit Society
Fax: (416) 967-5372 / Toll Free Fax: 1-888-804-8929
E-mail Address: admin@accidentonset.com

FROM: (please print)

Legal Name of Production	Principal(s)	
Permanent Address		
Canadian Address (if different than "Permanent Address")		
Contact	E-mail	Telephone

I/We hereby request enrolment for the named Production in the Actra Fraternal Benefit Society (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 the AFBS. I/We understand that acquiring **Accident on Set** insurance does not change nor 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.

Production Start Date	Production End Date
Prime Set Location(s) City/Province	2nd Unit Set Location(s) City/Province
Premium Remittance to AFBS <input type="checkbox"/> Through Entertainment Partners (EP) Payroll Service <input type="checkbox"/> Pay direct	Please Indicate if Low Budget/Deferral Production <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Authorized Signatory (please print)	Title
Authorized Signature	Date

Underwritten by:

Actra Fraternal Benefit Society: 1000 Yonge Street, Toronto, Ontario M4W 2K2
 Telephone: (416) 967-6600 / Toll Free: 1-800-387-8897 Fax: (416) 967-5372 / Toll Free Fax: 1-888-804-8929
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