



**Application**  
for **Accident on Set** Insurance Program

FORM 01-A

**PLEASE PRINT AND FAX OR E-MAIL TO:**

**Accident on Set Insurance Program**  
**Actra Fraternal Benefit Society**

**Fax: (416) 967-4744 / Toll Free Fax: 1-888-804-8929**  
**E-mail Address: admin@accidentonset.com**

**PRODUCER INFORMATION: (please print)**

Production Company				
Production Title		Producer(s)		
Permanent Address	Street Name, Suite and Number	City	Province	Postal Code
Canadian Address (if different from "permanent address")	Street Name, Suite and Number	City	Province	Postal Code
Contact Name		Contact Telephone		
Contact E-mail				

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.

I/We understand that both the calculation and payment of premium due are the responsibility of the Production company and the method of payment to AFBS is indicated below.

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"/> Via Entertainment Partners (EP) <input type="checkbox"/> Pay AFBS directly (please append a copy of your cast list to this application) <input type="checkbox"/> Other payroll service _____	Low Budget/Deferral Productions (Total Production budget under \$100,000) <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, are there stunt/risk performances? <input type="checkbox"/> No <input type="checkbox"/> Yes (If there are stunt/risk performances, append a copy of the Risk Assessment Form)
Name of Authorized Signatory (please print)	Title
Authorized Signature (electronic signature not allowed)	Date Signed

10/10

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) 967-4744 / Toll Free Fax: 1-888-804-8929  
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