



EMERSON COLLEGE

Television, Radio & Film Production (TRF)
617-824-8978

**FORM A3
PRIVATE PROPERTY LOCATION
REQUEST FOR EMERSON COLLEGE CERTIFICATE OF INSURANCE**

Student Name: _____ Date of Request: _____

Address: _____

Phone: _____ e-mail: _____

Course/Organization: _____ Faculty Member or Advisor: _____

SUBMIT A SEPARATE REQUEST FOR EACH LOCATION.

Precise description of the location, date and time for which insurance is requested.
The insurance certificate covers only those locations, dates, and times entered on this
form. (Example: Stoneybrook Hospital, 1500 Main Street, Islip, New York)

Title of
Program _____

Location
Requested: _____

Date Requested: _____ Time Requested: _____

Description of shoot:

FACULTY/ADVISOR SECTION:

I have reviewed the proposed project and agree that the above items noted are part of and required for completion of my course assignment (or Emerson College approved activity) and represent a valid list of requirements for their project. I support the student's request for services and location approvals.

Faculty Member's Name (please

print): _____ Phone: _____

Faculty Member's Signature: _____ Date: _____

Emerson College TRF APPROVAL SECTION:

TRF

Signature _____ Date: _____

SPECIAL NOTATIONS:
