

MUST BE TYPED

BELMONT UNIVERSITY – MOTION PICTURES PROGRAM CERTIFICATE of INSURANCE REQUEST FORM for OFF CAMPUS FILMING

ddress/City/State/Zip: 1900 Belmont Boulevard, Nashville, TN 37212 lequester: Motion Pictures Program lelephone Number: 615-460-5429 Fax 615-460-6980 lertificate Holder (Location of shoot) lertificate Holder: Ittention: ddress: lity, State, Zip Code: hone: mail: TENTION: Please attach copy of the request and/or the contract from your location, if available and the contract from your location is available and the contr	Student's Name			Class & Profes	sor
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Please direct questions to your course instructor.