

FILM PERMIT APPLICATION FORM

PRODUCTION COMPANY _____

ADDRESS _____

TELEPHONE _____ FAX _____ EMAIL _____

CLIENT _____

PRODUCER/DIRECTOR _____

ADDITIONAL CONTACT _____

TYPE OF PRODUCTION (Please Check One):

COMMERCIAL _____ TELEVISION PRODUCTION _____ MUSIC VIDEO _____

FEATURE FILM _____ DOCUMENTARY _____ STILL PHOTOGRAPHY _____ OTHER _____

PRODUCTION TITLE _____

DATES OF PRE-PRODUCTION _____

DATES OF PRODUCTION/SHOOTING _____

BUDGET IN BVI (In U.S. Dollars) _____ TOTAL BUDGET FOR PROJECT _____

***PLEASE ATTACH YOUR FINAL CONCEPT/TREATMENT IF IT HAS NOT BEEN SUBMITTED TO THE BVI FILM COMMISSION**

INSURANCE (Please Check)

PERSONNEL _____ EQUIPMENT _____

***PLEASE ATTACH A COPY OF YOUR INSURANCE CERTIFICATE (S)**

I/WE HEREBY AGREE AND BIND MYSELF/OURSELVES, MY/OUR HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGN TO INDEMNIFY FULLY AND SAVE HARMLESS, THE BRITISH VIRGIN ISLANDS FILM COMMISSION, THE BVI NATIONAL PARKS TRUST AND THE GOVERNMENT OF THE BVI, AND THEIR OFFICERS, AGENTS, OFFICIALS, AND EMPLOYEES FROM ANY AND ALL ACTIONS, CLAIMS, DEMANDS, DAMAGES, LOSS OR EXPENSE WHATSOEVER ARISING FROM OR INCIDENTAL TO THE ISSUING OF PERMISSION TO FILM OR USE OF ANY LOCATION. THE APPLICANT AGREES TO ABIDE BY THE CONDITIONS SPECIFIED ON THIS PAGE.

SIGNATURE OF APPLICANT _____

NAME (Please Print) _____

TITLE _____ DATE _____