

CLAIM INQUIRY FORM – COMMERCIALS/INDUSTRIALS – PRINCIPAL & BACKGROUND – HOLLYWOOD

Screen Actors Guild – Hollywood
 5757 Wilshire Blvd, Los Angeles, CA 90036
 Commercials/Industrials Department Phone: 323-549-6858 Fax: 323-549-6860
 www.sag.org



INTAKE BY:	Date of (Circle One) Call / Letter / Visit:
Classification: <input type="checkbox"/> Principal <input type="checkbox"/> Stunt Performer <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Voice-Over <input type="checkbox"/> Commercials Extra <input type="checkbox"/> Commercials Hand Model <input type="checkbox"/> Other (Specify: _____)	Production Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Infomercial <input type="checkbox"/> PSA
Engagement: <input type="checkbox"/> One Day <input type="checkbox"/> More Than One Day	

PERFORMER:	Agent/Contact #:
Address:	
Home Phone:	Cell:
Email:	
Social Security #:	Member #:

SIGNATORY:	Production Company:
Product:	Payroll Co:
Title:	Commercial ISCI #:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.

DESCRIPTION OF CLAIM: (If upgrade, please accurately describe what you're wearing and the scene you appear in)

FOR OFFICE USE ONLY:	
Claim #: _____ Oracle #: _____ Issue: _____	
Assigned to: _____	
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: