



**New Job Form
Insurance & Payment**

COMPLETE AND EMAIL TO:
2NDCINE@GMAIL.COM

COMPANY BILLING INFO

Billing Name: _____
Billing Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____
Billing Phone #: _____ Billing Email: _____

JOB INFO

Prep Date: _____ Start Date: _____ End Date: _____ Return Date: _____
Job #: _____ Job Title: _____ Job Location: _____
Will equipment travel over state lines? YES NO Are we providing a vehicle? YES NO
Are you providing your own driver? YES NO Driver's Name: _____
Do you have a DOT Number? _____ Will vehicle travel beyond 100 miles from Chicago, IL? YES NO
What do you need from 2nd Cine (Check all that apply): Camera Equipment Grip & Lighting Camera Dolly
 Production Supplies Walkie Talkies Crew Car Rigging Truck Parking Consulting Steadicam
 Gaffer Key Grip

INSURANCE

A current Certificate of Insurance (C.O.I.) must be on file with 2nd Cine, Inc. before work can begin. Please list 2nd Cine, Inc. as **Certificate Holder, Additional Insured and Loss Payee**. The amount of **Rented Equipment** coverage must be greater than or equal to the replacement value of the equipment rented. Equipment cannot under any circumstances leave the 2nd Cine, Inc. facility without proper insurance on file and a signed rental agreement. Please allow enough time for the COI to be reviewed and vetted (at least one business day) before the work begins. For all insurance, billing, and mailing please use the following information:

2nd Cine, Inc.
8198 Commerce Dr
Suite B
Loves Park, IL 61111

email COI PDF to: **2ndcine@gmail.com**
phone: 773-398-1452

MAXIMUM EQUIPMENT REPLACEMENT VALUE: \$ _____

PAYMENT

Payment for the amount of 50% estimate is due before pickup / work starts. Remaining balance due upon job completion.

How do you wish to pay? CHECK ONE: ZELLE ACH CHECK CREDIT CARD (+3.5% CC Fee)

CREDIT CARD

We require a credit card on file for all orders for deposit, incidentals and/or loss or damage. A minimum of \$500 will be authorized.

Card # _____ Exp Date: _____

CID: _____ Cardholder Name: _____

Card Zip Code: _____ Authorized Signature X _____

Keep payment method on file for future orders: YES NO

Payment method will be charged for fuel, mileage, late fees, expendables consumed, tolls, additional equipment, delivery fees, traffic or parking violations, damages or other expenses incurred related to the work performed.

SUBMIT FORM

Save and email this PDF to: 2ndcine@gmail.com