CLAIM INQUIRY FORM

Please email all documents to: comm.coedinfo@sagaftra.org
or mail to:

SAG-AFTRA Commercials
1900 Broadway, 5th Floor, New York, NY 10023
PHONE: 212-827-1454

SAG-AFTRA Commercials
5757 Wilshire Blvd, 7th Floor, Los Angeles, CA 90036
PHONE: 323549-6858

INTAKE BY:	Date of (Circle One) Call / Letter / Visit / Email:
Classification: ☐ Principal ☐ Stunt Performer ☐ Singer ☐ Dancer ☐ Voice Over ☐ Extra ☐ Other (Specify: _____) Salary: $	Production Type: ☐ Commercial ☐ Corporate/Educational & Non-Broadcast ☐ PSA ☐ Infomercial Minor: ☐ Yes ☐ No Parent/Guardian _____

PERFORMER:	Social Security #:
Address:	Member #:
	E-mail:
Home Phone:	Agency/Agent:
Cell Phone:	Agent Contact #:

SIGNATORY:	Production Company:
Product:	Payroll Co:
Title:	Commercial ID/Ad-ID:
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)

I declare under penalty of perjury under the laws of the State of California/State of New York that the foregoing is true and correct.
X _____

FOR OFFICE USE ONLY: Assigned to:		
Claim #:	Oracle #:	Issue:
Signatory Number:		Production Number:
Signatory Contact:		Production Contact:
Signatory Phone Number:		Production Phone Number:
Signatory E-mail/Fax #:		Production E-mail/Fax #:
Signatory Address:		Production Address: