



BACKGROUND ACTOR CLAIM FOR LOSS OF OR DAMAGE TO WARDROBE OR PERSONAL PROPERTY

NOTE: Claim Form(s) must be completed before the Background Actor leaves the set on the day on which loss/damage occurred. Separate claim form(s) must be completed for each item lost or damaged.

Email to: BACKGROUNDACTORSCLAIMS@SAGAFTRA.ORG

Name of Performer		Social Security Number	
Address		City	State Zip
Phone Number		Date of Employment	Casting Office
Title of Production	Name of Production Company		
PLEASE CHECK THE APPROPRIATE BOX:			
<input type="checkbox"/> LOST WARDROBE		<input type="checkbox"/> LOST PERSONAL PROPERTY	
<input type="checkbox"/> DAMAGED WARDROBE		<input type="checkbox"/> DAMAGED PERSONAL PROPERTY	
Date on which Loss or Damage occurred		Manner in which Loss or Damage occurred (if known)	
Location of Loss or Damage			
Description of Lost or Damaged item (please include brand name, and other specific identifying information)			
Purchase Price		Date When Purchased	
Description of Damage			
Signature of Background Actor		Date	
Signature and Title of Company Representative		Date	