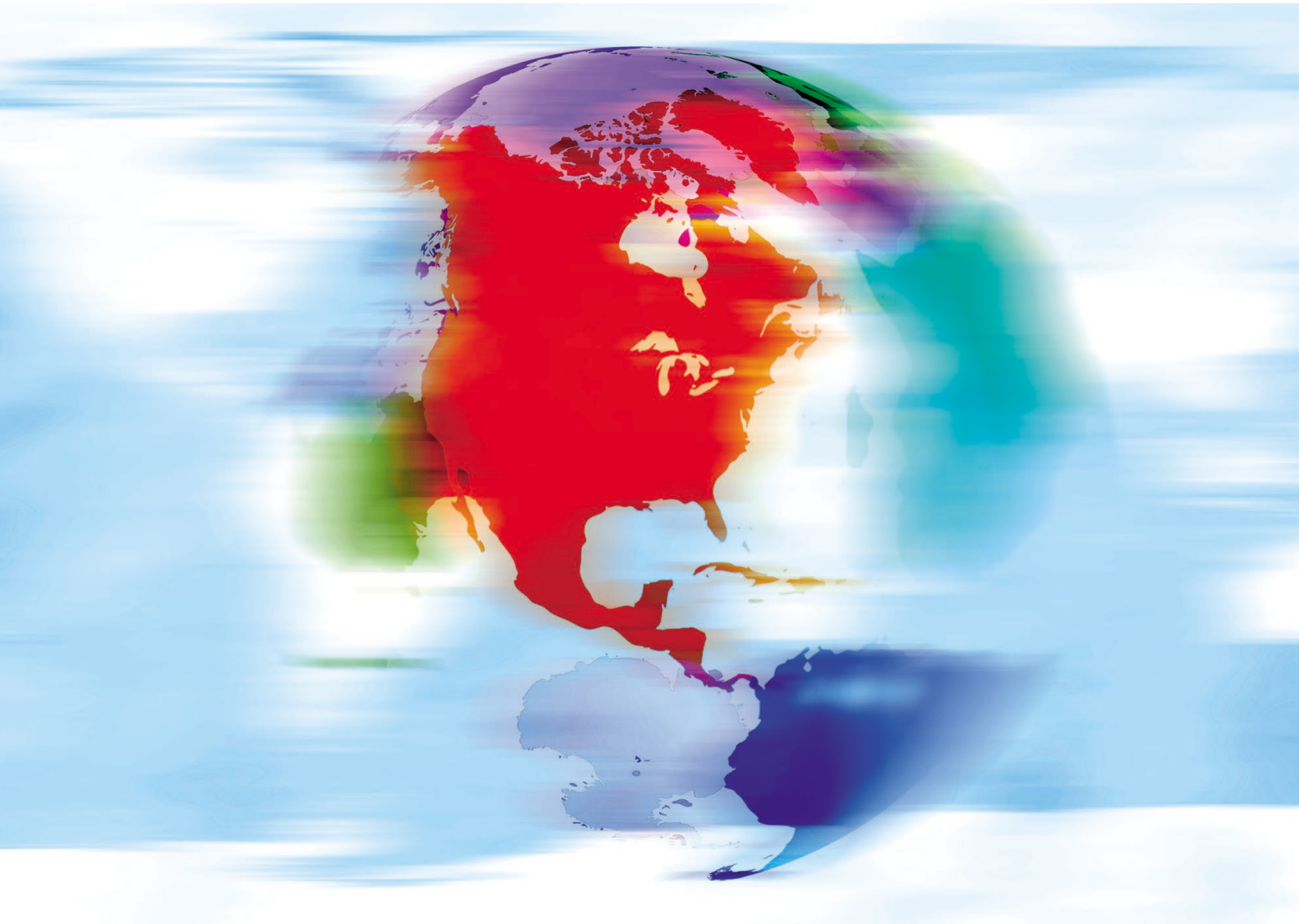


Production Insurance Wrap-Up Program



**WARNER BROS.
DISCOVERY**

U.S. Production Handbook



Prepared by:
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171 Madison Avenue, Suite 401, New York, NY 10016

Edition No. II

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The AON logo, consisting of the letters 'AON' in a bold, red, sans-serif font.

Overview

Discovery Communications, LLC and Scripps Networks Interactive, Inc. maintains a Production Insurance Program (“The Program”) that satisfies all of Discovery Communications, LLC and Scripps Networks Interactive, Inc.’s insurance requirements with the exception of Workers’ Compensation/Employer’s Liability, Owned Automobile coverage and any local compulsory foreign coverage(s) which are the responsibility of the production company. A summary of coverages, limits and deductibles provided by the Program is included in this Handbook. The Program is administered by Discovery’s insurance broker, Aon/Albert G. Ruben (“Aon”).

Process

In order to activate coverage under the Program, the production company must complete and submit an application for insurance to Aon. Upon satisfactory review of the completed application, Aon will send a premium invoice to the production company for payment. Coverage is not bound until payment is received; once it is, Aon will send the production company a blank certificate of insurance evidencing coverage under the Program.

Higher-hazards and Special Risk Coverage

You must advise Aon in writing, of any special risks associated with your project. This includes but is not limited to: stunts, pyrotechnics, firearms, precision driving, aircraft, drones, watercraft, railroads, foreign activities, animals, or any unusual or hazardous exposures and/or conditions involving either cast or crew. Please note that cast members must be declared to Aon in order to be eligible for cast insurance. The production company is responsible for the payment of any premium(s) associated with Special Risk coverage (if required).

Political Risk and Kidnap & Ransom Insurance are **NOT** provided under this insurance program. Political risk insurance includes coverage for extra expenses incurred by production as the result of government confiscation of assets, political violence, including acts of civil unrest or insurrection, as well as acts of war. Kidnap & Ransom Insurance indemnifies production for monies paid to kidnappers or extortionists, loss of ransom in transit, and other expenses incurred as a result of a kidnapping incident. If you are interested in either of these coverage(s) please reach out to your Aon Service Team.

Cost

The total cost to utilize the Program is the Composite Rate of 1% multiplied by the Net Insurable Production Costs. Net Insurable Production Costs are defined as the budget less production fee (if any), and less insurance cost (if any). Please note that special risk coverage(s) (ie Aircraft Liability or AD&D) may result in a premium which will be in addition to the total cost(s) previously referenced. Cast insurance is limited to 15 persons per project. An additional premium will apply if more than 15 persons require cast insurance.

If you have a claim

Immediately notify Aon, in writing, of any claims, threats of claims, suits, damage to property or any other loss. To ensure timely settlement of your claim, you must provide all necessary documentation in support of your claim(s) on a timely basis. You must also cooperate with and permit Aon and its insurance carriers to conduct the investigation and defense of your claims, suits or losses. Please note that the production company is responsible for any deductible(s) associated with the Program.

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At Your Service Directory

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Program Insurance Coverage

This is an illustration only of the coverage under the Production Insurance Wrap-Up Program. This insurance document is furnished as a matter of information for your convenience. It only summarizes the listed policy(ies) and is not intended to reflect all the terms and conditions or exclusions of such policy(ies). Moreover, the information contained in this document reflects coverage as of the date of this summary as shown below of the policy(ies) and does not include subsequent changes. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the listed policy(ies). The insurance afforded by the listed policy(ies) is subject to all the terms, exclusions and conditions of such policy(ies).

PRODUCTION PACKAGE

<u>Coverage</u>	<u>Limit of Liability</u>	<u>Deductible</u> (Each Loss)
Extra Expense	\$3,000,000	\$15,000
Civil Authority	\$500,000	\$15,000
Crisis Event	\$250,000	\$10,000
Strike	\$250,000	\$10,000
Producers Indemnity*	\$500,000	\$25,000
Third Party Property Damage	\$5,000,000	\$2,500
Miscellaneous Equipment	\$3,000,000	\$2,500
Props, Sets & Wardrobe	\$3,000,000	\$2,500
Negative Film & Faulty Stock	\$15,000,000	\$7,500
Cameraman Operator Error	\$500,000	\$5,000
Cast Insurance**	\$10,000,000	\$15,000
Undeclared Cast	\$100,000	\$15,000
Family Bereavement	\$1,000,000	\$15,000
Office Contents	\$250,000	\$1,000
Money & Securities	\$250,000	\$2,500
Jewelry & Fine Arts	\$250,000	\$2,500
Animal Mortality	\$250,000	\$2,500
Watercraft	\$250,000	\$2,500
Hired Automobile Physical Damage	\$1,000,000	\$2,500

***Limits apply per loss AND per production**

****Cast members need to be declared for coverage to apply; coverage is subject to underwriting approval.**

Cast insurance is limited to 15 persons per production

*****Named Storms have an increased deductible of 10% of loss – Subject to \$25,000 minimum**



COMMERCIAL GENERAL LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Each Occurrence	\$1,000,000	None
Aggregate (Per Production)	\$2,000,000	

NON-OWNED AND HIRED AUTO LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Combined Single Limit Per Occurrence	\$1,000,000	None

Owned Automobiles are excluded unless specifically declared for coverage.

FOREIGN GENERAL LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Each Occurrence	\$1,000,000	None
Aggregate (Per Production)	\$2,000,000	

FOREIGN CONTINGENT HIRED/NON-OWNED AUTO LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Combined Single Limit Per Occurrence	\$1,000,000	None

COMMERCIAL UMBRELLA LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Each Occurrence	\$5,000,000	None
Aggregate (Per Production)	\$5,000,000	

NON-OWNED CONTINGENT AIRCRAFT LIABILITY

	<u>Limit of Liability</u>	<u>Deductible</u>
Bodily Injury/Property Damage Combined Single Limit Per Occurrence	\$5,000,000	None

ERRORS & OMISSIONS

	<u>Limit of Liability</u>	<u>Deductible</u> (Per Claim)
Each Claim	\$1,000,000	\$25,000
Aggregate	\$3,000,000	

Please note Workers' Compensation/Employers Liability, Owned Automobile Insurance, Guild Travel Accident and any local foreign compulsory coverage(s) are not covered under the Production Insurance Wrap-Up Program and are the responsibility of the Production Company.

Summary of Coverage

Summary of Coverage

This document is furnished to you as a matter of information for your convenience. It only summarizes the listed policy(ies) and is not intended to reflect all the terms and conditions or exclusions of such policy(ies). Moreover, the information contained in this document reflects coverage as of the date of this summary as shown below of the policy(ies) and does not include subsequent changes. This document is not an insurance policy and does not amend, alter or extend the coverage afforded by the listed policy(ies). The insurance afforded by the listed policy(ies) is subject to all the terms, exclusions and conditions of such policy(ies).

Production Package Policy

Extra Expense	Reimburses the production company for the extra out-of-pocket costs incurred in completing principal photography, due to the interruption, postponement or cancellation of the production, as a direct result of damage to or destruction of property or facilities used in connection with the production. Also includes Civil Authority, Imminent Peril, Strike and Crisis Event Coverage.
Cast Insurance	Reimburses you for the extra out-of-pocket costs incurred in completing principal photography, as a direct result of a scheduled artist being unable to commence, continue or complete their duties due to death, injury or sickness, subject to certain exclusions. Includes a sublimit for Bereavement Coverage.
Negative Film and Videotape	Reimburses you for loss, damage to, destruction of raw film, tape stock, exposed film (developed or undeveloped), videotape, working prints, soundtracks, and tapes.
Faulty Stock, Camera or Processing	Reimburses costs to re-shoot or correct any portion of the production because of damage caused by faulty raw stock, faulty camera, or faulty processing by the lab.
Props, Sets and Wardrobe	Covers props, scenery, and costumes for which the production is legally liable against "all risks" of direct physical loss or damage. Antiques, objects of art, watches, precious stones, and similar high value items are subject to a sublimit.
Third Party Property Damage	Pays for damage to the property of others while it is in the care, custody, or control of the production company.
Miscellaneous Equipment	Provides replacement cost or actual cash value to repair lost, damaged or destroyed equipment, including cameras and camera-related equipment, sound and lighting equipment, electrical and mechanical special effects equipment, and editing equipment.
Temporary Production Office Contents	Covers loss, damage or destruction of Business Personal Property usual to the insured operations.
Money and Securities	Insures cash and securities used in the course of production against the perils of Burglary, Robbery, or Fire.
Jewelry and Fine Arts	Insures antiques, objects of art, watches, precious stones and similar items
Animal Mortality	Reimburses the owner of a declared and insured animal for death or illness of the animal.
Hired and Non-Owned Auto Physical Damage	Reimburses the owner for damage done to a hired or rented vehicle used in production for which the production company is legally liable.

Commercial General Liability

The policy provides defense and indemnity resulting from bodily injury and/or property damage that arises from an occurrence connected with your production activities.

Hired and Non-Owned Auto Liability

The policy provides defense and indemnity resulting from bodily injury and/or property damage that arises from an occurrence connected with the use of a hired or non-owned vehicle in connection with your production



Summary of Coverage

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Foreign General Liability and Foreign Contingent Hired/Non-Owned Auto Liability

Coverage acts much the same as domestic coverage. In other words, provides defense and indemnity resulting from third-party bodily injury and/or property damage claims in foreign countries. Coverage is Contingent or DIC of statutory local coverage.

Umbrella Liability

Provides additional limits above your primary insurance coverage. Primary coverage includes Commercial General Liability and Hired and Non-Owned Auto Liability, Foreign General Liability, Foreign Contingent Hired and Non-Owned Auto Liability

Errors & Omissions

Provides coverage and defense against lawsuits alleging unauthorized use of titles, format, ideas, characters, plots, plagiarism, unfair competition, slander, libel, defamation of character and/or invasion of privacy.

Non-Owned Aircraft Liability

The policy provides defense and indemnity resulting from bodily injury and/or property damage that arises from an occurrence connected with the use of non-owned aircraft (including drones) on your production. This coverage is NOT automatic and is subject to an additional premium.

Accidental Death & Dismemberment (AD&D)

The policy pays accidental death & dismemberment benefits to an Insured Person if the cause of death or dismemberment is an accident. Includes coverage for medical expenses incurred as the result of an accident. Also includes coverage for Evacuation and Repatriation costs. This coverage is not a substitute for Workers Compensation coverage and is NOT automatic and is subject to an additional premium.

Accidental Death & Dismemberment (AD&D)

This coverage is NOT automatic. Please follow up with your AON Service Team if you would like to obtain a quote for Accidental Death & Dismemberment coverage

Class 1 - Talent:

AD&D SUM INSURED: \$1,000,000 (*Per Person*)

ACCIDENT MEDICAL EXPENSE SUM INSURED: \$250,000 (*Per Person*)*

*Emergency Sickness Coverage is limited to \$100,000 (*Per Person*)

TRAVEL ASSISTANCE SERVICES INCLUDED
EMERGENCY MEDICAL EVACUATION \$500,000
REPATRIATION OF REMAINS \$500,000

Class 2 - Crew:

AD&D SUM INSURED: \$350,000 (*Per Person*)

ACCIDENT MEDICAL EXPENSE SUM INSURED: \$250,000 (*Per Person*)*

*Emergency Sickness Coverage is limited to \$100,000 (*Per Person*)

TRAVEL ASSISTANCE SERVICES INCLUDED:
EMERGENCY MEDICAL EVACUATION \$250,000
REPATRIATION OF REMAINS \$250,000

*This policy has a per accident aggregate limit of \$10,000,000

Production and Errors & Omissions Insurance Application & Clearance Procedures

The following six page application must be completed in its entirety. In addition, to complete your application, please submit the following:

- Production Budget
- Your evidence of Workers' Compensation coverage (Certificate of Insurance)
- Title Report with legal opinion
- Special Coverage Checklist
- Treatment



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1. Name of applicant:

Are you the entity who has entered into and who has signed the production agreement with Discovery for this program?

Yes No

If No, please explain reasons:

Address:

City:

State:

Zip code:

Country:

Telephone:

Email:

Website:

Date established:

2. Title of the production:

3. Is the production a: commission co-production

Please advise:

a. territory of first broadcast on a Discovery-owned channel:

b. territories of anticipated future broadcast on Discovery-owned channels:

4. Total cost of production including editorial (Please attach copy of budget):

5. Pre-production commencement date:

Principal photography start date:

Completion of principal photography:

Delivery date:

Air date:

6. The production is:

Television pilot:

half hour

one hour

other

Television special:

half hour

one hour

other

Television series:

half hour

one hour

other

Number of episodes:

If other, please specify:

7. Discovery network:

Date of Discovery contract:

Network contact and email:

8. Filming location(s):

9. Any stunts, drones, aircraft, railroad, watercraft, animals, foreign locations or unusual and/or hazardous filming locations or activities? Please describe in full (see special coverage checklist):

Yes No



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10. The production is: (please tick all that apply)

- | | | | | | |
|----------------------------------|--------------------------|---------------------------|--------------------------|----------------------|--------------------------|
| ancient/non-contemporary history | <input type="checkbox"/> | animated | <input type="checkbox"/> | biography | <input type="checkbox"/> |
| children's show | <input type="checkbox"/> | comedy | <input type="checkbox"/> | cookery | <input type="checkbox"/> |
| docu-drama | <input type="checkbox"/> | documentary | <input type="checkbox"/> | drama | <input type="checkbox"/> |
| educational | <input type="checkbox"/> | game/quiz show | <input type="checkbox"/> | history | <input type="checkbox"/> |
| hobby/craft | <input type="checkbox"/> | 'how-to'/DIY | <input type="checkbox"/> | investigative | <input type="checkbox"/> |
| live | <input type="checkbox"/> | medical | <input type="checkbox"/> | musical | <input type="checkbox"/> |
| nature/natural history | <input type="checkbox"/> | political/current affairs | <input type="checkbox"/> | reality (unscripted) | <input type="checkbox"/> |
| religious | <input type="checkbox"/> | science/technology | <input type="checkbox"/> | sports | <input type="checkbox"/> |
| talk show | <input type="checkbox"/> | travel | <input type="checkbox"/> | true crime | <input type="checkbox"/> |

other – please specify:

11. Please provide a synopsis of the production (including timeframe and setting):

12. If the production is **not** entirely original to you OR is based on another work (published or unpublished):

- a. have copyright reports been obtained? Yes No
- b. are there any ambiguities, gaps or problems in the chain of title? Yes No

If No to a. or Yes to b., please explain reasons.

If appropriate, please also advise the name of the author(s) and the title(s) and date(s) of the publication of the work upon which the production is based.

13. Prior to initial distribution, will the final cut of the production be reviewed by a suitably qualified attorney? Yes No

If No:

- a. **For non-US productions only** has **Discovery Networks International** agreed in writing to review the final cut of the production prior to release in lieu of your production attorney? Yes No

If the final cut of the production will not be reviewed by a suitably qualified attorney nor Discovery International, please explain reasons:

14. Prior to initial distribution, will you:

- a. obtain a written agreement from any living person (regardless if their name or likeness is used or the production is fictional) who could claim to be identifiable in the production consenting to their appearance? Yes No
- b. obtain full written releases from any interviewees or participants? Yes No
- c. obtain all necessary rights to use the name or likeness of any living or deceased person in this production? Yes No

If No to any of the above, please explain:

15. Will any actual full or partial corpses be shown? Yes No

If Yes, please confirm you are complying with Discovery's guidelines on the inclusion of corpses within a production and provide details on how you will be showing these corpses:

16. Have you obtained a USA title and trademark report from a recognized agency? (Please forward a copy). Yes No



17. **Prior to initial distribution**, will you obtain from all writers and other content providers to the production, written warranties that the content with which they provide you does not infringe the rights of any third party and do you also obtain an indemnity for any breach of this warranty? Yes No

If No, please give details:

18. Will any film clips, TV clips or photographs be used in this production? Yes No
 If Yes, **prior to initial distribution**, will you obtain all licenses and consents, including authorization to assign or sublicense the materials, from the copyright owner without restriction? Yes No

If No, please give details:

- Do you anticipate using a Fair Use or Fair Dealing defense? Yes No
 If Yes, please provide a clip log and attach an external counsel's legal opinion.

19. Will any graffiti or street art be used in this production? Yes No
 If Yes, **prior to initial distribution**, will you obtain all licenses and consents from the artist or copyright owner? Yes No

20. **Prior to initial distribution**, will all necessary clearances, licenses, rights, and/or consents be obtained from the composer and/or performers of specially commissioned music and/or cleared with the owners of pre-existing music and/or recordings? Yes No

If No, please give details:

21. Are you only using music from the Discovery library? Yes No

22. Have you or any of your agents been unable to obtain or been refused any agreement or release after having negotiated for any rights in literary, musical or other materials? Yes No

If Yes, please explain:

IF YOUR PRODUCTION IS UNSCRIPTED REALITY, PLEASE ANSWER QUESTIONS 23-30:

23. Please describe how you developed the format. Did any other party have any input into the development?

24. What are your unsolicited submission procedures? Please give full details.

25. Will there be any ride-alongs in the show's format? Yes No
 If Yes, please confirm who with: e.g. police, enforcement, DEA, etc.

26. Are the contestants/ participants informed of the show's concept/format prior to signing their release? Yes No

27. Are the contestants/ participants subject to background/psychiatric checks? Yes No

28. Will there be any hidden or body cameras? Yes No

If Yes, please provide details on how these cameras are used and the legal advice you've taken on usage.

29. Will any participants be filmed prior to signing a release? Yes No

If Yes, please explain why participants will be filmed prior to signing a release and how they will be filmed?

30. Will there be any type of pranks, hoaxes, or practical jokes in the show's format? Yes No



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If Yes, please explain and include the tone of the prank/practical jokes:

IF YOUR PRODUCTION IS TRUE CRIME, PLEASE ANSWER QUESTIONS 31-35:

31. Is the production:

a. a documentary portrayal of actual facts or happenings? Yes No

b. a dramatic portrayal of actual facts which includes fictionalization? Yes No

If any fictionalization, please provide describe the fictionalized scenes and include your production attorney's advice on why these scenes do not increase the risk of claims that would be covered under this policy (e.g. defamation, emotional distress).

32. Have all cases featured been fully adjudicated with no outstanding appeals (except for sentencing)? Yes No

If No, please provide a treatment of cases.

33. Are you revealing any new information, theories, or images that have not been heavily reported on or are not available in court records? Yes No

34. Have you made a reasonable attempt to contact the family and friends of victims featured? Yes No

If No, please explain:

35. Will your attorney clear each episode throughout and at final cut? Yes No

36. Name of your attorney (individual's name):

In-house External

Firm name and address:

Telephone:

Email:

37. Have you and your attorneys read and agreed to exercise due diligence to ensure that the 'clearance procedures' attached are followed? Yes No

If No, please explain:

38. a. Have you suffered any loss or has any claim that would be covered under this policy, whether successful or not, ever been made against you arising out of this production or any preceding series of this production (where appropriate)? Yes No

If Yes, please attach details including the date of each claim or loss, the amount of the claim and any remedial action taken.

b. Are you aware of any problem which is likely to lead to you suffering a loss or a claim being made against you that would be covered by this insurance? Yes No

If Yes, please attach details of each problem.

If you answered 'Yes' to either question, please attach details of each loss (including the date, amount and any remedial action taken), claim, objection, dispute or possibility of loss, and, if any third party submitted documents asserting or explaining their position and such documents have not previously been submitted to Hiscox, attach copies of all such documents.

It is understood and agreed that there will be no coverage under any policy issued on the basis of this application for any loss, claim, circumstance or event (or claim arising from such circumstance or event) that is or should have been disclosed in response to questions 38. a. or b.



Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify insurers, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate, or misleading, in any material respect, or if I fail to notify insurers of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then the insurer is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

Signature of principal/partner/director/officer/
senior manager/authorized representative

Date (mm/dd/yyyy)

Title:

A copy of this application should be retained for your records.

Using your personal information

Hiscox is a trading name of a number of Hiscox companies. The specific company acting as a data controller of your personal information will be listed in the documentation we provide to you. If you are unsure you can also contact us at any time by telephoning 01904 681198 or by emailing us at dataprotectionofficer@hiscox.com.

We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide.

For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy.



Clearance procedures

Please read the following section carefully.

Clearance has the simple purpose of ensuring that the insured production is not vulnerable to litigation. You should ensure that:

- a. if the insured production carries any risk of libel, or a related legal problem, it is cleared; and
- b. all rights necessary to production, exhibition, and distribution in all media are secured before you fill in this form, or will be as soon as practicable. We must be informed of any rights problems related to material included in the insured production, as soon as you become aware of them, and you must seek advice on such problems from your own attorneys.

Accordingly, you and your attorneys should be sure before first exhibition of the insured production that:

1. All necessary rights have been obtained, covering domestic and foreign territories, including any extensions and renewals, for all literary material (other than original and unpublished material) contained in the insured production. If full copyright is not obtained, any limitations and/or reservations must be notified to us. If you are acquiring the insured production as a completed work (such as a pick-up of a motion picture) rights must also be secured covering the completed work. The origin of all works on which the insured production is based must be traced and cleared in order to ascertain that you have all the required rights in the work.
2. Written agreements must exist between you and the creators, authors, writers and owners of all material, including quotations from copyrighted literary works, film, television, and audio clips, clips of pre-existing music, featured copyrighted props such as maps, etc., used in the insured production, authorising you to use the material in the insured production (except in the case of approved 'fair dealing' or 'fair use'). All agreements should include a waiver of so-called 'moral rights'
3. If the subject matter of the insured production is potentially defamatory, or for any other reason legally contentious, it has been cleared by a suitably qualified attorney, as has any 'fair dealing' or 'fair use' and all recommended changes have been made.
4. In the case of fictional characters, a full cast script clearance check has been carried out, also of business names, etc. and again, all recommended changes have been made.
5. All contracts and releases must give you the right to market the insured production for use in all media and markets (e.g. DVD, video cassette, digital format, internet etc.). In particular, any gaps in respect of underlying rights must be notified.
6. Synchronization and performance licenses must be obtained from the composer or copyright owner of all music used in the insured production. Licenses are unnecessary if the music (and its arrangement) is in the public domain. Licenses must also be obtained from the owners of recordings for the use of previously recorded music.
7. If the insured production contains any film clips, you have obtained authorisation to use the film clip from the owner of the clip who has the right to grant such authorisation and have obtained authority from the owners of and contributors to the film clip e.g. underlying literary and musical rights, owners, actors, and musicians etc. All releases must give you the right to edit, add to and/or delete any or all of the material supplied by the releaser. If you intend to rely on a fair use or fair dealing defense for your usage of any film clips, you have solicited an external media lawyer's opinion confirming that, in their reasonable opinion, your use of these clips would qualify under this defense.
8. You must be sure that you or any of your partners or directors have not received any unsolicited submissions of any literary or dramatic material, programme ideas, formats or storylines from any third parties which are similar in content or style to the insured production. If you have, you must have a process for dealing with them and quit claims must be obtained where appropriate.
9. Any problems relating to the insured production which are not known at the time of completing this application form must be notified to us as soon as they arise.
10. Any bonus material, interviews or outtakes included on a DVD or any other media version of the production must go through the same clearance procedures as the insured production.
11. Any uses of copyrighted material in its renewal term must be authorized by persons or entities entitled by statute to renew.
12. All contracts, releases, grants of rights of every kind (including all prior grants in your chain of title) must authorize you to use the acquired material in your production and to assign or sublicense it in any form.
13. The above clearance procedures are not exhaustive, nor do they cover all situations which may arise, given the great variety of productions. You and your attorneys must continually monitor the insured production at all stages, and in light of any special circumstances, make certain that the insured production contains no material which could give rise to a claim.



Special Coverage Checklist

Each Production Company must complete the Special Coverage Checklist attached as Exhibit B for each production declared to the Discovery Production Insurance Wrap-Up Program.

- The Insurance program does not automatically cover production operations that involve hazardous and/or unusual production operations. If your production involves any of these activities complete the appropriate questionnaire and contact your Aon account service team member at least five business days prior to the scheduled activity. Please provide us with all information in a timely manner to allow us to review and secure the appropriate coverage.
- Essential Cast Member or Director
- Use of wild animals or horses
- Stunts
- Racing/race cars and or precision driving
- Watercraft
- Aircraft
- Unmanned aerial vehicles (“Drones”)
- Railroads
- Pyrotechnics
- Firearms
- Minors
- Outdoor locations requiring Weather Insurance
- Production activities outside of the US or Canada

(See the following special coverage questionnaires, complete and return any that apply)

The Insurance Program does not include Workers' Compensation & Employers Liability. These coverages are the responsibility of the production company.

Please be sure to read and understand the insurance requirements and indemnity obligations of every contract prior to your executing same including location, equipment and vehicle rental agreements.

Contact your Aon Account Service Team to assist in reviewing contractual insurance requirements to be sure that the insurance program is providing you with the proper and appropriate coverage or if you have any questions or concerns.



Special Coverage Checklist

Date
Production Co.
Title of Production

Description	Yes	No	
1. Aircraft (Helicopter or Fixed Wing-Scouting or Filming)	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
2. Unmanned Aerial Vehicles ("Drones")	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
3. Animals	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
4. Auto (Stunt Driving and/or Precision Driving)	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
5. Cast Insurance (Irreplaceable Talent &/or Director):	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
6. Fine Arts/Jewelry/Fur in excess of \$250,000	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
7. Firearms	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
8. Foreign Locations *	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
9. Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
10. Railroad Locations	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
11. Stunts/Hazardous Activities	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
12. Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
13. Weather Insurance	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, complete attached questionnaire
14. Will you be filming in Cuba?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are there any children working on this production?	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, please explain their role:
16. Does this show involve any home or garden renovations?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are there any other special or unusual situations associated with the job?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
18. Are you hiring Union labor for this show?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, do you have Guild Travel Accident Insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Completed by	Date		
Job Title	E-mail		
Phone #			

*** Under no circumstances can insurance be extended to countries subject to US embargoes or sanctions.**

***Please contact your Aon account service team if you plan to film in any country on the US State Dept. Travel website.**



Special Coverage Questionnaires

If any question on Exhibit B is answered “Yes” you must complete the related questionnaire that is applicable to such Special Coverage.

NO INSURANCE coverage is afforded for such activity until:

- Your Aon account service team has reviewed the questionnaire
- You have provided us with any and all additional underwriting information as may be required
- Paid any additional premium for such required additional coverage

If for any reason you are unsure of whether or not a specific situation may be covered by the Insurance Program please contact your Aon account service team. We are always here to assist you.



Production Handbook

Aircraft Questionnaire

Renting, hiring or utilizing an aircraft during production will require the placement of special coverage. In order for your Aon account service team to evaluate and review the specifics of the use of aircraft and arrange the appropriate coverage, please provide the following information **at least 5 business days prior to any aircraft usage:**

1. Exact date of use & hours each day: _____

2. Location: _____

3. Description of aircraft: _____ "N" Registration Number: _____

4. Name of Aircraft Company _____
Phone No. _____ Email _____

5. Details concerning aircraft usage (i.e. aerial filming or scouting, air _____
to air filming, air to ground filming, etc.) _____

6. Please provide full description of production including area where filming will occur. Please provide details or any stunts or special/unusual hazards

7. Number of persons in aircraft at any one time and relationship to the Production Company and/or Advertising Agency:

Person	Relationship to Production Company	Workers Compensation Coverage	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

8. The seating capacity and weight of aircraft: Seating Capacity _____ Weight _____

9. Value of hull: \$ _____

10. Name of pilot and number of hours experience in craft: _____

11. Who is the pilot employed by: _____

(Please confirm Pilot is covered Under Aircraft Owner's Policy)

12. Provide: (1) Aircraft Rental Agreement, including Hold Harmless (sample wording attached); (2) Certificate of Insurance from the owner/operator evidencing coverage for Aircraft Liability (minimum limit of \$5,000,000 with no passenger sub-limit) & Hull Physical Damage; (3) Certificate of Insurance to evidence that Production Company, Warner Bros. Discovery, Inc. and their parents, their subsidiaries and affiliates and their respective officers, directors, agents and employees are additional insured with respect to damage to the aircraft's hull; (4) Certificate of Insurance to evidence that owner/operator's insurance company waives its rights of subrogation against Production Company, Warner Bros. Discovery, Inc. and their parents, their subsidiaries and affiliates and their respective officers, directors, agents and employees with respect to damage to the aircraft's hull; and (5) Evidence of workers comp/employers liability coverage from the owner/operator covering pilot and crew.



Aircraft Hold Harmless Agreement “Sample Wording Only”

Hold Harmless & Waiver of Subrogation Agreement

_____ agrees to indemnify and hold harmless _____
 (“Owner of Aircraft”) (“Production Company, Warner Bros. Discovery, Inc. and their parents, their subsidiaries and affiliates and their respective officers, directors, agents and employees”)

from and against any and all claims, liability, losses, damages, costs, and expense including attorney fees, arising out of the use of the aircraft

_____ hereby waives any claims against and releases _____
 (“Owner of Aircraft”) (“Production Company, Warner Bros. Discovery, Inc. and their parents, their subsidiaries and affiliates and their respective officers, directors, agents and employees”)

Absolutely and forever, of and from any and all claims liability and whatsoever arising in any way out of the use of the Aircraft in any manner in connection with the Production, including (but not limited to) any claims and liability for the damage to the Aircraft and/or for liability to any third parties whatsoever.

This is only sample wording and should be reviewed by and approved by your legal council



Unmanned Aerial Vehicle Questionnaire

The Program does not automatically cover the use of an unmanned aerial vehicle ("UAV"). Renting, hiring or utilizing a UAV during production will require special coverage. In order for your Aon account service team to evaluate and review the specifics of use of any UAV and arrange the appropriate coverage, please provide us with 1) a completed UAV questionnaire, 2) a certificate of insurance from the UAV owner/operator evidencing at least \$1,000,000 of aircraft liability coverage and adding the that Production Company, Warner Bros. Discovery, Inc. and their parents, their subsidiaries and affiliates and their respective officers, directors, agents and employees as additional insureds AND 3) a copy of the UAV rental agreement at least 5 business days *prior to the use of any UAV in the production*. **Please note that any extra expense incurred by production as the result of a filming permit being revoked by a civil authority arising out of the unauthorized use of the UAV is not covered**

DATE COMPLETED	
PURPOSE OF UAV USE / DESCRIPTION OF PLANNED UAV ACTIVITY (IE. AIR TO AIR, AIR TO GROUND, LOCATION, ETC...). PLEASE PROVIDE DETAILS OF ANY STUNTS OR SPECIAL/UNUSUAL HAZARDS	
NAME & ADDRESS OF UAV OWNER/OPERATING COMPANY	
NAME & EXPERIENCE OF THE INDIVIDUAL(S) WHO WILL BE OPERATING/PILOTING	
WHO IS THE UAV OPERATOR/PILOT EMPLOYED BY?	
WILL THE UAV'S CAMERA OPERATOR(S) BE SOMEONE OTHER THAN THE PERSON(S) OPERATING/PILOTING THE UAV(S)?	
IF SO, WHO IS THE UAV CAMERA OPERATOR EMPLOYED BY?	
DATE(S) OF UAV USE	
LOCATION(S) OF UAV USE	
NUMBER OF UAV(S) BEING UTILIZED	
NUMBER OF UAV(S) BEING OPERATED AT ANY ONE TIME	
UAV – MODEL/YEAR/MANUFACTURER/DESCRIPTION	
HULL VALUE OF EACH UAV	
TOTAL WEIGHT OF EACH UAV (Must be less than 50 lbs) (COVERAGE REQUIREMENT)	



Unmanned Aerial Vehicle Questionnaire (Cont'd)

MAXIMUM FLIGHT SPEED (Must be less than 30 MPH) (COVERAGE REQUIREMENT)	
WILL THE UAV(S) BE FLOWN OVER AN AREA WHICH IS POPULATED BY EITHER PERSONS OR BUILDING? IF YES PLEASE PROVIDE DETAILS.	
DOES THE UAV OWNER/OPERATOR HAVE AN EXEMPTION FROM THE FAA (OR FOREIGN AVIATION AUTHORITY) TO FLY THE UAV(S)? (COVERAGE REQUIREMENT)	___ YES ___ NO
THE UAV OWNER/OPERATOR IS FULLY AWARE OF LOCAL/STATE LAWS REGARDING UAV OPERATIONS? (COVERAGE REQUIREMENT)	___ YES ___ NO
WILL THE UAV(S) BE FLOWN BELOW 400 FEET? (COVERAGE REQUIREMENT)	___ YES ___ NO
WILL THE UAV(S) BE FLOWN AT LEAST 5 MILES FROM ANY AIRPORT OR AVIATION FACILITY? (COVERAGE REQUIREMENT)	___ YES ___ NO
WILL THE UAV(S) BE OPERATED DURING DAYLIGHT CONDITIONS? (COVERAGE REQUIREMENT)	___ YES ___ NO
WILL THE UAV(S) BE OPERATED WITHIN THE LINE OF SIGHT OF THE OPERATOR(S)? (COVERAGE REQUIREMENT)	___ YES ___ NO
WILL THE UAV(S) BE OPERATED WITHIN A MAXIMUM DISTANCE OF 1,650 FEET (0.3 MILES) FROM THE OPERATOR? (COVERAGE REQUIREMENT)	___ YES ___ NO
PRIMARY LIABILITY INSURANCE LIMIT CARRIED ON THE UAV(S) (INCLUDING BOTH BODILY INJURY & PROPERTY DAMAGE)	
MUST ATTACH CERTIFICATE OF INSURANCE FROM THE UAV OWNER/OPERATOR EVIDENCING AT LEAST \$1MIL IN AICRAFT LIABILITY INSURANCE, THE HULL/PHYSICAL DAMAGE LIMIT, AND NAMING THE PRODUCTION COMPANY, WARNER BROS. DISCOVERY, INC. AND THEIR PARENTS, SUBSIDIARES AND AFFILIATES AND THEIR RESPECTIVE OFFICERS, DIRECTORS, AGENTS AND AS ADDITIONAL INSUREDS. CERTIFICATE OF INSURANCE MUST STATE THAT COVERAGE IS PRIMARY AND NON-CONTRIBUTORY TO COVERAGE CARRIED BY THE ADDITIONAL INSUREDS.	ATTACHED? ___ YES ___ NO
WE RECOMMEND OBTAINING A WAIVER OF SUBROGATION FOR THE BENEFIT OF THE ADDITIONAL INSUREDS AS RESPECTS PHYSICAL DAMAGE TO THE UAV'S HULL	ATTACHED? ___ YES ___ NO



Date _____

Title of Production _____

Production Company _____

Animal Questionnaire

Animal mortality coverage up to \$250,000 on an **“Accident Only”** basis is automatically provided under this insurance program. Additional information is required for **sickness/illness** coverage to apply. Please provide the following information to Aon/Albert G. Ruben at least **5 business days *prior to the use of any animals:***

1. Dates _____

2. Location _____

3. Provide list of animals (kind of animals and names), their value and their use:

Animal	Name	Value	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use of animals in Production. Please be as specific as possible.

4. Trainer:
 Name: _____ Telephone No. _____
 Address: _____

5. How are the animals being transported? _____
 Is the Production Company responsible for the animals while being transported? Yes No

6. Provide a current Veterinary Certificate for each animal.

Note: If sickness coverage is required, we must have a current veterinary certificate, prior to production.



Date

Title of Production

Production Company

Cast Insurance Questionnaire

Please provide the following to Aon account service team as soon as possible in order to declare individuals for accident only cast coverage ***prior to production***:

1. Name of Artist _____
2. Age _____
3. Dates of Production _____
4. Location _____
5. Description of role _____

6. In order to obtain full cast coverage, please note the following: **the individual must complete, sign and send back a Statement of Health Form.**

The Statement of Health form must be submitted to your Aon account service team well before the start of production. Any "Yes" answers on the Statement of Health must be explained in detail. Please note that any missing or illegible information on the form will lead to a delay in the underwriting review process.

Coverage is subject to policy terms and conditions.



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AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

A COPY OF THIS AUTHORIZATION IS AS VALID AS THE ORIGINAL

In connection with the Authorization, I understand that NONE OF MY HEALTH OR MEDICAL RECORDS WILL BE OBTAINED UNLESS AS PART OF THE CAST INSURANCE UNDERWRITING PROCESS THE PRODUCTION OF SUCH RECORDS IS REQUIRED OR IF THERE IS A CLAIM MADE UNDER THE INSURANCE POLICIES issued, or to be issued by, Berkley Entertainment or Great Divide Insurance Company (hereinafter "Insurer").

I understand that this Authorization forms a part of the Cast Insurance Medical Certificate.

Completion of this document authorizes the release, disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal and State laws concerning the privacy of such information. Furthermore, I consent that my individually identifiable health information may be shared with the insurer in both the UK/EU and the USA for the purposes stated in section title "Authorization for release of health information" on page 1.

Details:

Your Name: _____
Date of Birth: _____
Street Address: _____
City, State, Zip: _____

Authorization for release of health information

I hereby authorize the release, disclosure and use of my health information as follows:

Persons/Organizations authorized to release the information: TREATING HOSPITALS AND PHYSICIANS, INCLUDING MY PERSONAL PHYSICIAN(S).

Persons/Organizations authorized to receive and use the information: GREAT DIVIDE INSURANCE COMPANY AND ITS AUTHORIZED AGENTS ONLY.

Purpose of the requested disclosure or use: VERIFICATION OF ANY CAST CLAIM.

This Authorization begins when I am first named on my producer's Cast Insurance.

This Authorization shall apply to any of my health information which is governed under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC 1320d and 45 CFR pts 160,164, as amended.

Pursuant to HIPAA federal and state laws, I hereby authorize any covered entity, including, but not limited to, any physician, health care professional, dentist, health plan, hospital, nursing home, clinic, laboratory, pharmacy, or any other covered health care provider, any insurance company, and the Medical Information Bureau, Inc., or other health care clearinghouse that has provided treatment or services to me or that has paid for or is seeking to be paid for services, to give, disclose, and release to the "Insurer" and its agents, without restriction, all of my individually identifiable health information and medical records regarding any past, present, or future medical or mental health condition.

Important Notices

Many organizations or individuals such as hospitals, physicians, and health plans are required by law to keep health information confidential. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may no longer be protected by Federal or State confidentiality laws.

This Authorization shall supersede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.



My Rights

I understand that this Authorization is voluntary and that I may refuse to sign it. I may revoke this authorization at any time. My revocation must be in writing, signed by me or my legal representative, and submitted to:

Great Divide Insurance Company
c/o Berkley Entertainment
P.O. Box 141299
Irving, TX 75014-1299
Email: underwriting@berkleyentertainment.com
Fax: (866) 826-3862

My revocation will be effective upon receipt by "Insurer", except to the extent that "Insurer" or their authorized agents have already acted in reliance upon this Authorization.

I have the right to receive a copy of this Authorization.

Expiration

Unless otherwise revoked, this authorization expires on the completion date of principal photography or my employment by the production company, whichever is later. If no date is indicated, this Authorization will expire 12 months after the date of signing this form. However, if a claim is made concerning the person signing this Authorization, pursuant to the terms of the Cast Insurance for which this Authorization is signed, it is specifically agreed that this Authorization shall continue in force, or be reinstated so that it is valid until such time as any such claim is finally resolved.

Signature (patient/artist or legal representative)

Date

Print Name

(If signed by someone other than the patient/artist, state your legal relationship to the patient/artist)

Date

Witness

Date

Return this entire document (including reverse sides of pages if you have included information on any) as follows:

Email to: underwriting@berkleyentertainment.com or **FAX to:** Entertainment Underwriting at (866) 826-3862



CAST INSURANCE MEDICAL CERTIFICATE

Today's Date: _____

Production Company: _____

Artist's Name: _____

AFFIDAVIT AND AUTHORIZATION TO RELEASE INFORMATION

I acknowledge and agree to sign the Authorization for Release of Health Information ("Authorization") which forms part of this Certificate.

In connection with this authorization, I understand that NONE OF MY HEALTH OR MEDICAL RECORDS WILL BE OBTAINED UNLESS, AS PART OF THE CAST INSURANCE UNDERWRITING PROCESS THE PRODUCTION OF SUCH RECORDS IS REQUIRED OR IF THERE IS A CLAIM MADE UNDER THE INSURANCE POLICIES issued or to be issued by, Berkley Entertainment or Great Divide Insurance Company (hereinafter "insurer"). Under the above conditions, I specifically authorize insurer to obtain my medical records, information, and history in accordance with the Authorization. As part of the underwriting process, or if a claim is presented involving my health issues, I agree to submit to any reasonable or necessary medical examinations.

I declare and affirm that I am the person named above; that the statements made hereon by me are true, correct and complete; that I have withheld NO information known to me which might alter or otherwise conflict with the statements made above by me. I further understand that an insurance policy may be issued based upon the representations and facts stated by me above as true. I represent that I am receiving (and will continue to receive during the period of any insurance policy for this production) treatment from my personal physician, and that I will comply with the instructions of such physician as to any of the conditions listed above, including without limitation, the dosage on all medications prescribed.

I understand and agree that in the event a Claim is made under any insurance policy issued by Insurer in reliance upon the information provided by me in this Certificate, and a determination is made by Insurer that I did not provide full, complete and accurate information, that Berkley Entertainment and/or Great Divide Insurance Company may seek reimbursement from me personally and individually for any amounts paid in connection with the Claim, including attorneys' fees and costs. I agree to accept personal responsibility and liability for any misinformation or omissions in connection with this Medical Certificate.

Completion of this certificate is not a guarantee that such coverage will be approved for the production company.

SIGNATURE OF ARTIST OR LEGAL GUARDIAN

DATE

PRINT NAME



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Artist's Name: _____ Birth Date: _____ Age: _____ Gender: _____

Indicate Production Type: _____ Feature Film _____ Television _____ Television Series _____ Commercial

Production Title: _____ Estimated Start Date: _____

Number of Weeks or Days schedule to work on production: _____ Weeks _____ Days

PLEASE READ THE FOLLOWING THREE (3) STATEMENTS CAREFULLY BEFORE FILLING OUT THE REST OF THIS MEDICAL CERTIFICATE.

- **IT IS MANDATORY THAT YOU TRUTHFULLY ANSWER ALL OF THE FOLLOWING QUESTIONS. IN THE EVENT OF A CLAIM, YOU MAY BE HELD PERSONALLY AND INDIVIDUALLY LIABLE AND RESPONSIBLE FOR ANY INCOMPLETE, INACCURATE OR MISINFORMATION YOU PROVIDE.**
- **THIS FORM WILL BE RETURNED IF ANY QUESTIONS ARE LEFT BLANK OR IF EXPLANATIONS ARE NOT PROVIDED WITH ANY ITEMS WITH "YES" ANSWERS.**
- **IF ADDITIONAL SPACE IS NEEDED USE THE REVERSE SIDE OF THIS FORM OR ATTACH A SEPARATE SHEET OF PAPER AND INDICATE THE QUESTION NUMBER(S) YOU ARE ANSWERING.**

For any question calling for a "Yes" or "No" answer, indicate by an "X" in the appropriate space provided.

1. Indicate all roles or responsibilities that you will have on this production:

_____ Leading Actor	_____ Supporting Actor	_____ Cameo
_____ Director	_____ Executive Producer	_____ Director of Photography
_____ Co-Producer	_____ Line Producer	_____ Writer
_____ Other, specify _____		

If your role is that of actor, what is the name of the character(s) that you are portraying?

2. Are you currently performing or scheduled to perform or participate in any other professional engagements during the period you will be rendering services for this production? YES _____ NO _____
Provide project names, dates and locations: _____

3. Do you participate in any of the following physical activities or sports during your personal or professional time? YES _____ NO _____

_____ Auto Racing	_____ Ballooning	_____ Gliding/piloting aircraft of any kind
_____ Motorcycle riding/racing	_____ Watercraft pilot	_____ Watercraft racing
_____ Skiing	_____ Marathons	_____ Mountain or rock climbing
_____ Triathlons	_____ Sky Diving	_____ Scuba Diving

4. What type of stunt activities are you either expected to or planning to take part in during your services on this project?

5. Is there any special training or practice required for any stunts or other physical activities you are either expected to or are planning to take part in during your services on this project? YES _____ NO _____

Please provide details and period of practice or training: _____

6. Will any filming be done outside the studio (e.g. mountains, deserts, jungle, ocean, etc.)? YES _____ NO _____

7. Have you lost any time from work (including filming production or other performance activities) in the last five years due to any sort of illness, sickness, injury, surgery or other medical treatment? YES _____ NO _____

8. Have you had a significant INCREASE or DECREASE in your weight in the past two years? YES _____ NO _____
Details and dates: _____

9. Do you smoke cigarettes, cigars or use tobacco in any form? YES _____ NO _____
Circle all of the above that apply. How much per day? _____



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10. Do you drink alcohol? YES NO
How much and how often? _____
11. During the past five years and up to the present have you used or taken LSD, heroin, cocaine, any other narcotic, depressant, stimulant, psychedelic or other illegal drug or substance that was not prescribed to you by a physician? YES NO
Names or types, quantity and frequency: _____
12. Are you currently using or in the last twelve months taken any prescription medications? YES NO
List medication(s) you are currently using: _____
List medication(s) you have taken in the last twelve months: _____
13. Are you aware that you may have been exposed to any infection or contagious disease or virus during the last 30 days? YES NO
Details and dates: _____
14. Are you now receiving or within the last 90 days have you received, any medical or health treatments of any type (including from any doctor, specialist, chiropractor, acupuncturist, psychiatrist, therapist, etc.)? YES NO
Details, dates and names of treating medical professionals: _____
15. Other than care of any of the professionals stated in 15 above, have you had surgical advise or treatment or been admitted or confined to a hospital during the past five years up to present? YES NO
Details and dates: _____
16. When was your last complete physical examination (not including a cast exam)?
Date of Exam: _____
Examining Physician's Full Name: _____
Address: _____
Phone Number: _____

Provide the name, address and telephone number of your personal physician (if different from the above):
Full Name: _____
Address: _____
Phone Number: _____
17. Do you believe you are in good health and free from physical impairment or disease? YES NO
Provide details: _____
18. To your knowledge, has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for Cast Insurance, Non-Appearance Insurance, Accident or Health Insurance or Life Insurance? YES NO
Details and dates: _____



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Have you ever had, or been told you have or had, any problem, condition or diagnosis relating to any of the following? For any questions calling for a "Yes" or "No" answer, please indicate by an "X" in the appropriate space provided. If Answering "Yes", you must provide details immediately below the question. If additional space is needed use the reverse side of this form or attach a separate sheet of paper and indicate the question number(s) you are answering.

19. Convulsions, paralysis or stroke, fainting attacks or disease of the brain or nervous system? YES NO
Details and dates: _____
20. Severe headaches? YES NO
21. High blood pressure, heart attack, pain in your chest, or any other disorder or disease of your heart or blood vessels? YES NO
Details and dates: _____
22. Tuberculosis, asthma, emphysema, bronchitis, persistent cough or any other disease or abnormality of your lungs or respiratory system? YES NO
23. Gastric Reflux, Barrett's Syndrome or any other condition of your esophagus? YES NO
Details and dates: _____
24. Duodenal or gastric ulcer, colitis, Crohn's Disease or any other disease or abnormality of your stomach, intestines, colon or rectum? YES NO
Details and dates: _____
25. Liver, pancreas, gallbladder? YES NO
Details and dates: _____
26. Hernia? YES NO
Details and dates: _____
27. Sugar, albumin, blood or pus in urine, kidney stones or any other condition of your bladder, kidney or genitourinary system? YES NO
Details and dates: _____
28. Diabetes? YES NO
Details and dates: _____
29. Gout? YES NO
Details and dates: _____
30. Any disease or abnormality of your thyroid, pituitary, adrenal or any of your other glands? YES NO
Details and dates: _____
31. Any injury, surgery, disease or disorder of your bones, joints, muscles, back, spine or head? YES NO
Details and dates: _____
32. Any problems, disease or disorder of your eyes, ears, nose, larynx or throat? YES NO
Details and dates: _____
33. Any allergies (including food allergies)? YES NO
Details and dates: _____
34. Any anemia or other disorder of your blood, veins, arteries or other part of your circulatory system? YES NO
Details and dates: _____
35. Any cold sores on your mouth/lips or on your face in the past two years? YES NO
Details and dates: _____
36. Any disease or disorder of your skin or lymph glands? YES NO
Details and dates: _____
37. Any diagnosis of or treatment for any type of cancer, tumor, mole, growth or cyst? YES NO
Details and dates: _____
38. Any diagnosis of or treatment for mental health conditions including but not limited to depression, phobias, eating disorders, anxiety attacks? YES NO
Details and dates: _____
39. **FEMALES ONLY:**
a. Are you pregnant? YES NO
b. Have you ever been diagnosed or treated for any disorder or complications related to pregnancy or your breasts, uterus, ovaries or fallopian tubes? YES NO
Details and dates: _____
Full Name of examining/treating physician: _____

40. **MALES OVER 45 ONLY:**
a. When was your last prostate exam and PSA blood test? _____
b. Have you ever been diagnosed or treated for any disorder or disease of your prostate gland? YES NO
Details and dates: _____
Full Name of examining/treating physician: _____

41. **IF UNDER AGE 9:**
Advise what childhood diseases you have had and attach a copy of your immunization record.

NOTE: This Medical Certificate is not complete unless a completed and signed AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION is attached.



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FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.



FOR INSURANCE COMPANY USE ONLY		
<input type="checkbox"/> Accepted	<input type="checkbox"/> Accepted for accident only	<input type="checkbox"/> W/O Restriction
<input type="checkbox"/> Rejected	<input type="checkbox"/> Accepted - Subject to the following conditions: _____ _____	<input type="checkbox"/> With Restriction _____ _____



Date _____

Title of Production _____

Production Company _____

Fine Arts, Jewelry and Antiques Questionnaire

Fine Arts, Jewelry and antiques carry a sub-limit of \$250,000. Whenever the production plans on utilizing these items, please provide the following information to Aon at least 5 business days **prior to production**:

1. Dates _____
2. Location _____
3. Provide a detailed list, including values, of Fine Arts, Jewelry, Antiques, etc. (Include attachment if necessary with itemized breakdown):

4. Description of use: _____

5. Who is responsible for the items while they are in transit to and from the production location?

6. What type of security is utilized while Fine Arts, Jewelry, Antiques are in the core custody and/or control of production?

7. If production is for more than one day, where will Fine Arts, Jewelry, Antiques be stored and/or guarded when not being used for production? _____



Date _____

Title of Production _____

Production Company _____

Firearms Questionnaire

1. Is the firearm/weapon use indoor or outdoor? _____
2. Is the location insured for their operations? Yes No
3. Has permission from the property owner and/or proper permits been obtained? Yes No
4. Will eye and ear protection be worn? Yes No
5. Who owns the weapons? _____
6. Who will be using the weapons? _____
7. Do they have experience firing weapons? Yes No
8. Please describe the weapons. i.e. make, model _____

9. Please describe the backdrop. _____

10. Please provide any other details pertinent to the activity. _____



Date _____

Title of Production _____

Production Company _____

Foreign Location and Coverage Questionnaire

If your production activities take you out of the United States and Canada, its territories and possessions, special insurance may be required. Please provide the following to Aon at least 5 business days ***prior to the start of production:***

1. Dates of travel _____

2. Location _____

3. Number of US hires travelling abroad _____

Number of weeks outside US _____

Number of Third Country Nationals _____

Any local hires? Yes No

Contact, outside US Name _____ Phone No. _____

Will you be subcontracting with a local production company or fixer? Yes No

If so, please provide Name of local production company or fixer, Address, and Telephone:

Name _____ Telephone _____

Address _____

Description of production operations. _____
Please be as specific as possible.

Foreign Production Budget: _____

Foreign production companies must provide evidence of local general liability coverage with a minimum limit of US\$1MM and local auto liability coverage in accordance with local compulsory requirements at a minimum and add the U.S. production company (if any), the Network and Discovery Communications, LLC, Scripps Networks Interactive, Inc., Warner Bros. Discovery, Inc.. as additional insureds. Foreign Production Companies must also maintain any local statutory insurance coverages in order to comply with the laws of the countries in which they are domiciled.

THERE IS NO WORKERS COMPENSATION COVERAGE OR EMPLOYERS LIABILITY COVERAGE (OR THE FOREIGN EQUIVALENT) PROVIDED UNDER THIS INSURANCE PROGRAM. It is the responsibility of the Production Company (or the employer of record) to ensure that any local hires, US hires or third country nationals are covered for Workers Compensation (or the local equivalent). UNDER NO CIRCUMSTANCES CAN INSURANCE BE EXTENDED TO COUNTRIES SUBJECT TO US EMBARGOES OR SANCTIONS. REFER TO STATE DEPT. WEBSITES.



Date _____

Title of Production _____

Production Company _____

Auto (Stunt Driving and/or Precision Driving) Questionnaire

If your production involves stunt driving and/or precision driving please provide the following to Aon at least 5 business days **prior to any precision driving**.

Unless specifically arranged, there is no coverage for vehicles involved in racing, chase scenes or stunts when:

- Any or all wheels of the vehicle leave the driving surface.
- When tire traction is broken.
- When any driver's vision is impaired.
- When the speed of the vehicle(s) is greater than normally safe for the condition of the driving surface.

IMPORTANT: Contact your Aon Account Service Team immediately to review any or all of these activities and to arrange all necessary and required insurance coverage. Timely notice is required to ensure that we meet your production timelines.

Describe details of driving activity _____

Date(s) of driving actively _____

Location _____

Open or closed set _____	Owner Name _____
--------------------------	------------------

Make, model, and value of each vehicle used in sequence (Provide attachment if necessary) _____

Will there be a medic on set or nearby a hospital? _____

Describe road conditions and estimated driving speed _____

Provide the names for each driver. _____

Attach professional driving resumes for each driver. _____

Is worker's comp provided for each driver? If not, is each driver signing a bodily injury waiver? _____

Who is responsible for providing physical damages coverage for any vehicles? _____

Is the production required by written contract to provide physical damage coverage for the vehicles? _____



Date
Title of Production
Production Company

Pyrotechnics Questionnaire

If your production involves pyrotechnics please provide the following to Aon at least 5 business days **prior to any pyrotechnics:**

If you have contracted a pyrotechnician or a Pyrotechnics company attach a copy of their license resume/bio.

Location of shoot
Date(s) of shoot

Attach a storyboard and/or a detailed description of the pyrotechnic effects and the specifications of each effect below. Attach a separate sheet to describe the effects, if necessary

Describe the area surrounding the location and the precautions you will take to protect cast, crew and the public.
--

Will any fire supervisor be on set?

Will the fire department be on standby?

Where is the nearest hospital?

How many people will be onset during the effects?

Name of pyrotechnics vendor	
Address	
Contact's Name	E-mail
Phone	
Federal license #	State license #
Does the vendor have General Liability insurance?	Workers' Compensation?

Provide Aon with a copy of the vendor's Certificate of Insurance evidencing general liability insurance that includes the production company, the Network and Discovery Communications, LLC, Scripps Networks Interactive, Inc. and Warner Bros. Discovery, Inc. as Additional Insured.

Have necessary permits and/or authorization been obtained?



Date
Title of Production
Production Company

Railroad Questionnaire

Whenever production is to take place on a train, on train tracks, or in a railroad facility, please provide the following to Aon at least 5 business days **prior to the use of any railroads:**

1. A copy of the railroad contractual agreement. **(THIS IS MANDATORY)**
2. Description of scenes involving railroad equipment: _____
3. Dates and times railroad equipment is to be used: _____
4. Locations of equipment: (exact street address)
 - Where is equipment being stored? _____
 - Where is equipment being moved? _____
 - Where is equipment being returned to after use is completed? _____
5. Type of equipment used (rolling cars, engines or other equipment.) Please provide a detailed list.
 - _____
6. Describe activities involving the railroad equipment and personnel _____
7. How many people will be "on board"? _____
8. Distances and speed of equipment: _____
9. Any stunts? Yes No If so, please list: _____
10. Will main line tracks be used during production days? Yes No
11. What security measures are being taken to keep public away from the railroad cars? _____
12. Will there be an interruption of regular service? Yes No
13. Will the train be under the direction of the production company or will it maintain its normal routes, speeds, schedule etc. _____
14. Is the train being brought from another location to the production location? Yes No
 - Provide full details of how the railroad equipment will be transported.
 - Include the addresses of the locations and the distance. _____
15. Who is responsible for it while in transit? _____



Date
Title of Production
Production Company

Stunt Questionnaire

In order to properly evaluate the hazards involving stunts and to determine the need for additional coverage, please provide the following information to Aon at least 5 business days **prior to any stunts:**

- Describe type of stunt being performed: _____

- List stunts by type, location and date:

Stunt Type	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
- Describe safety measures used to protect participants, public and equipment _____

- Is the set closed to the general public? _____
- Who is employer of record of person(s) performing stunt(s): _____
- How many people involved in stunt scene? _____
- Will there be a medic on set?

- Please attach 1) bio/resume for each stunt person, including stunt coordinator.



Date _____
 Title of Production _____
 Production Company _____

Watercraft Questionnaire

Whenever the production plans on using watercraft this form must be completed and forwarded to Aon/Albert G. Ruben at least 5 business days **prior to any watercraft usage.**

Registry or Documentation No.: _____
 Date(s) Vessel to be used: _____ No. of Days: _____
 Vessels Legal Owner _____
 Address _____ Phone No. _____
 Contact _____
 Year of Vessel _____ Length of Vessel _____ Value of Vessel _____
 Vessel Make & Type: _____
 Where is Vessel Docked? _____
 Is this a "Report to Location" deal for the use of the vessel? Yes No
 How many on board, at any one time Film Crew _____ Vessel Crew _____
 Name of person who will pilot the vessel _____
 Who will employ the master and crew? _____

Has the production company signed a charter agreement requiring they provide primary hull and P&I insurance on the vessel? Yes No *Please attach charter agreement if applicable

Name of owner or suppliers insurance broker: _____
 Contact (Agency) _____ Phone _____
 Address _____
 Will vessel be operated under its own power during production? Yes No
 Description of how the vessel will be used (please be specific) _____

Any water-skiing? Yes No Any stunts? Yes No
 Other vehicles to be towed? _____
 Any vessel to be used out of the water? _____

Make a thorough inspection of the items shown on the following page, noting any deficiencies or damage (in writing) on the Charter Agreement or other contract or agreement form, and have the owner initial the same to acknowledge the items noted. Photographs of the vessel to document the condition of the vessel, is recommended. In the event of an extended period of use of a private yacht, we highly recommend an "on charter survey" be done to establish the exact condition of the vessel prior to our use and a subsequent "off charter survey" promptly when production is completed.

In what condition is the Vessel?

Hull/Outside paint, scrapes, etc...	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Interior wear & tear, mars & burns	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Decks scrapes, wear & tear	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Engine/transmission, trial run	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____
Equipment/weathered, damaged	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	_____

Required Claim Information

Property Claim

- List of damaged props/equipment (description, make, model, age of item, replacement cost).
- Name/phone number of lessor.
 - Replacement invoice (if item replaced)
 - Original purchase receipt/invoice (if available)
 - Rental agreement
 - Police report (if you believe a theft or other crime occurred)
 - Photos (if available)
- Include in the information submitted to Aon/Albert G. Ruben a narrative, which indicates the condition of the property prior to production, and subsequent to production. This summary should offer explanation on how the damage to the property occurred.

Negative Film/Faulty Stock, Camera and Processing

- Names/address/contact phone of film lab
- Shooting schedule in effect prior to the loss and revised schedule following the loss
- Production reports/call sheets
- Crew time cards documentation needed to verify payment of cast and crewmembers (guarantees, hourly vs. salaried employees)
- Payroll invoice (for verification of how fringes were calculated)
- Site location agreements/invoices when location fees are claimed
- Equipment rental Agreements - documentation needed to verify terms of agreements as they relate to delay in shooting i.e. to incident occurring.
- Report from film lab or camera vendor that describes the cause of the loss

Extra Expense Claim

- Shooting schedule in effect just prior to loss and subsequent revisions
- Production reports/call sheets for principal photography
- Crew time cards documentation needed to verify payment of cast and crewmembers (guarantees, hourly vs. salaried employees)
- Payroll invoice (for verification of how fringes are calculated)
- Site location agreements/invoices when location fees are claimed.
- Equipment rentals agreements - documentation needed to verify terms of agreements as they relate to delay in shoot

Automobile Accident Report

- Complete the Accident form and submit it to your employer immediately, along with a copy of the accident report and a description of the accident.
- Carefully examine all damage.
- Beware of "fake" investigators - (SAY NOTHING! - SIGN NOTHING!)
- Do not talk to anyone about the accident except:
 - your employer
 - The investigation officer
 - Your insurance investigator
- Do not argue with anyone at the scene of the accident. Show courtesy. Give your name and driver's license number as requested.

Note: In case of a serious accident, injury or death, telephone the Aon/Albert G. Ruben Company (NY) Inc. office **IMMEDIATELY**.



FIRST NOTICE OF CLAIM

When a claim occurs, this completed claim form needs to be sent to Aon **IMMEDIATELY** along with the following additional items:

- 1) Certificate of Insurance issued to vendor/claimant
- 2) Rental Agreement/Location Contract with “Terms and Conditions” (For Equipment, Vehicle or Location losses)
- 3) If Claim involves theft or auto accident, include a police report.

In absence of immediate receipt of this information, claim reporting may be delayed which may **jeopardize coverage.**

GENERAL INFORMATION

POLICY #:
AGENCY / NETWORK:
ADVERTISER / CLIENT:
JOB/SHOW TITLE:
PRODUCTION COMPANY:
PROD CO. ADDRESS:
PROD CO. CONTACT:
TELEPHONE:
EMAIL:

LOSS INFORMATION

DATE:
LOCATION OF LOSS (Country/State/City):
COMPLETE DESCRIPTION OF LOSS:
ESTIMATE OF COST OR DAMAGE (with currency type):

CLAIMANT (party that was damaged and needs to be paid)

NAME:
ADDRESS:
TELEPHONE/E-MAIL:

PLEASE EMAIL THE ABOVE INFORMATION TO:
rubenny@aon.com with a cc: to david.dames@aon.com
 Main Phone: (212) 627-7400