

STUNT QUESTIONNAIRE

Please provide answers to the questions below and email this form to Ty.Arnold@warnerbros.com, Amanda.Cooper@warnerbros.com and Corinne.Fletcher@warnerbros.com at least three (3) days **prior to filming**.

Named Insured (Production Company): _____

Title of Production: _____ Episode # (If applicable) _____

1. Date of Shoot: _____

2. Location of Shoot: _____

3. Provide a description of the stunt.

4. Who will be involved in the stunt? Cast, stunt doubles, crew? _____

5. Will the work be choreographed? _____

6. Confirm that a stunt coordinator had trained and qualified the cast/stunt doubles to perform the work.

7. Describe safety measures in place to prevent injury to persons and damage to property.

8. Name of employer of record of person performing stunt:

9. Name and phone number of the Stunt Coordinator _____