

WB STUNT DRIVING QUESTIONNAIRE

Please provide answers to the questions below and email this form to your **Production Safety Representative**, Amanda.Cooper@warnerbros.com and Maranda.Arenas@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. Description of the driving activity.

4. What is the maximum driving speed? _____
5. Will the wheels of the vehicle(s) ever leave the driving surface _____
6. Will the drivers vision be impaired at any time _____
7. Describe the driving surface. _____
8. Describe safety measures used to protect employees, public and equipment:

- 9 Name of employer of record of person(s) performing the stunt: _____
10. Name and phone number of Stunt Coordinator. _____