2020 LETTER OF ADHERENCE

WGA INFORMATIONAL PROGRAM CONTRACT SINGLE PROJECT ONLY

Company:		Phone:		
Street Address:				
City: State: _	Zip Code:			
TYPE OF BUSINESS ORGANIZATION Corporation Nonprofit Join State Tax ID	it Venture □Partnership	eck all that apply o □Sole Owner □10% o	or More Owner □DBA/Sole Proprietor	
BUSINESS PRINCIPALS, OWNERS, A Name/Title: Name/Title: Name/Title:	ND/OR OFFICERS:	Name/Title:		
PROJECT TITLE:				
FORMAT & DESCRIPTION: Please lis				
WRITER(S) EMPLOYED ON THIS PRO	OJECT: Please attach a se	eparate sheet for addition	nal writers	
Name:		Name:		
SSN:		SSN:		
Writing Start Date: En	d Date:	Writing Start Date: End Date:		
Compensation: \$		Compensation: \$		
Please attach individual employm	nent contracts and/or deal me	emos for the writer(s) emplo	yed under this letter of adherence.	
Writers Guild of America West, Inc. on beharepresentative of writer(s) and writer(s) emphamed project. Company agrees to be both Arbitration"); Article 17 ("Pension Plan" and Theatrical and Television Basic Agreement, but terms and conditions of the Pension Plan and named project. The contribution rates for Producer-Writers Guild of America Pension Plan and Project of gross compensation to the Paid Pare (5/2/21 through 5/1/22) are 10.5%, 11.5% and	alf of itself and its affiliate the ployed in additional capacities and by the terms and condition the Health Fund"); and Article by reference incorporated here did Health Fund Trust Agreemen period one (5/2/20 through 5. Ian, 11.5% of gross compensationtal Benefit Fund payable to the did 0.5%, respectively. The contractions and in the service of th	e Writers Guild of America, Ea who are engaged by the Comp ons of Article 6 ("Guild Shop e 71 ("Paid Parental Benefit in and available upon request. ts to make contributions on b /1/21) are 10% of gross comp on to the Health Fund payable he Writers Guild-Industry Healt ibution rates for period three	ngle project only ("Company") recognizes the ast, Inc. (collectively "WGA") as the exclusive bary to perform writing services on the above- "); Articles 10, 11, and 12 ("Grievance and Fund") of the 2020 Writers Guild of America. The Company also agrees to be bound by the ehalf of the writer(s) employed on the above- bensation to the Pension Plan payable to the to the Writers Guild-Industry Health Fund, and the Fund. The contribution rates for period two (5/2/22 through 5/1/23) are 10.5%, 11.5%, and bayment by calling (818) 846-1015 or visiting	
Accepted and Agreed By:				
COMPANY:	WRITERS GUILD OF A on behalf of itself ar WRITERS GUILD OF A	nd its affiliate,	For Producer-Writers Guild of America Pension Plan & Writers Guild Industry Health Fund Use Only	
Signature Date	Signature	Date	Signature Date	
Print Name	Print Name		Print Name	
Title	Title		Title	



GUARANTEE AGREEMENT

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Reference	is made to the 2020 Letter of Adherence/WGA Informational Program Contract for the project entitled ("2020 Letter of Adherence") between (herein after "Company"),				
"WGA"), w	s Guild of America, West, Inc. on behalf of itself and Writers Guild of America, East, Inc. (jointly hich is entered into concurrently with this guarantee. To induce the WGA to sign the 2020 Letter ace, the undersigned, as an individual, agrees to the following:				
You agree	to guarantee performance of the 2020 Letter of Adherence by Company.				
•	to assume all obligations of Company under each employment agreement for writing services and urchase agreement for literary material entered into at any time during the term of the 2020 Letter ace.				
You agree to assume all obligations of the 2020 Letter of Adherence pertaining to such employment and option or purchase agreement and specifically agree to be bound by, and a party to, any grievance and/or arbitration under Articles 10,11 and 12 of the 2020 Writers Guild of America Theatrical and Television Basic Agreement ("2020 MBA"), as incorporated by reference into the 2020 LOA, should a dispute between a writer and/or WGA and Company arise. You and Company shall be deemed jointly and severally liable under any grievance, arbitration award or settlement.					
	that service upon Company pursuant to the 2020 Letter of Adherence and the 2020 MBA shall service upon you.				
This guarantee is irrevocable. Nothing contained in this agreement shall be construed to relieve Company from its obligations under such employment and option or purchase agreement or its obligations under the 2020 Letter of Adherence or the 2020 MBA.					
A photocop as a signed	by, facsimile, electronic or other copy of this agreement shall have the same effect for all purposes d original.				
AGREED	TO AND ACCEPTED				
Ву:	INDIVIDUAL'S SIGNATURE				
Name:	PLEASE PRINT OR TYPE INDIVIDUALS'S NAME				
Address:	NO P.O. BOXES OR EQUIVALENT				
Email:					

Date:



NOTICE OF AGENT FOR SERVICE OF PROCESS

The undersigned company hereby appoints the following individual as the Agent for Service of Process in connection with any matters related to the Writers Guild of America collective bargaining agreement.

Should this individual cease to act as agent for service of process for any reason whatsoever, company agrees to appoint a new agent without delay and immediately submit to the WGA, a new Notice of Agent for Service of Process. Company agrees that all written notices required under the provision of said collective bargaining agreement which are sent by first class mail, postage prepaid, to Company's last address, with a copy sent to the below-appointed agent, shall constitute and be valid service under the applicable bargaining agreement. Company understands that the designated agent will remain in effect until the WGA receives notification from Company that the agent has been replaced by another individual.

Agent must be resident of CA or NY. Post Office Boxes or the equivalent are not acceptable.

This agreement may be executed in multiple counterpart and all of which taken together shall constitute one and the same instrument respectively. A photocopy, facsimile, electronic or other copy shall have the same effect for all purposes as a signed original.

PLEASE COMPLETE SECTIONS 1, 2 AND 3 BELOW. (This form will not be accepted unless all 3 sections are completed.)

1.	NAME OF COMPANY:		
	Ву:	SIGNATURE	
	Name:	PLEASE PRINT	CLEARLY OR TYPE
	Title:	PLEASE PRINT	CLEARLY OR TYPE
	undersigned hereby agreing under any collective ba		ept service of process in connection with any disputes or notices agreement:
2.	NAME OF APPOINTED	AGENT:	PLEASE PRINT CLEARLY OR TYPE
	Company/Law Firm (if a	pplicable):	
		Address:	NO P.O. BOXES OR EQUIVALENT
		Phone:	
		Email:	
3.	APPOINTED AGENT SI	GNS HEF	RE:
	By: signature		
	Date:		
2020	WGAW Informational Program	Contract	