# 2020 LETTER OF ADHERENCE WGA INTERACTIVE PROGRAM CONTRACT SINGLE PROJECT ONLY

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Company:						
Street Address: City:						
City		zip code	FdX			
TYPE OF BUSINESS ORC	GANIZATION ST	RUCTURE: Please	check all that apply			
Corporation Nonpr	ofit 🛛 Joint V	enture <b>D</b> Partners	hip Sole Owner 10% o	or More Owner DDBA/S	ole Proprietor	
State T	ax ID		Company Contact Pers	on:		
BUSINESS PRINCIPALS,	OWNERS, AND	OR OFFICERS:				
Name/Title:			Name/Title:			
Name/Title:			Name/Title:			
Name/Title:			Name/Title:			
PROJECT TITLE:						
				• ., •.•		
FORMAT & DESCRIPTIO	N: Please list a	ll applicable format	s and briefly describe the p	roject/writing		
WRITER(S) EMPLOYED	ON THIS PROJE	CT: Please attach a	a separate sheet for additio	nal writers		
Name:			Name:	Name:		
SSN:			SSN:			
Writing Start Date:	End D	ate:	Writing Start Date: _	End Date:		
Compensation: \$			Compensation: \$			
Please attach indivi	idual employment	contracts and/or deal	memos for the writer(s) emplo	yed under this letter of adh	ierence.	
Writers Guild of America Wes representative of writer(s) an named project. Company ag Arbitration"); Article 17 ("Pen and Television Basic Agreemen conditions of the Pension Plan The contribution rates for peri America Pension Plan, 11.5% of to the Paid Parental Benefit F 10.5%, 11.5% and 0.5%, respect	t, Inc. on behalf of d writer(s) employ- rees to be bound sion Plan" and "He- nt, by reference in and Health Fund T od one (5/2/20 thr f gross compensati- und payable to the ctively. The contril	of itself and its affiliate ed in additional capacit by the terms and con- alth Fund"); and Article corporated herein and a rust Agreements to mak ough 5/1/21) are 10% of on to the Health Fund pa writers Guild-Industry pution rates for period to	undersigned producer for this si the Writers Guild of America, E ies who are engaged by the Comp ditions of Article 6 ("Guild Sho 71 ("Paid Parental Benefit Fund") available upon request. The Comp e contributions on behalf of the w gross compensation to the Pensio ayable to the Writers Guild-Indust Health Fund. The contribution rat three (5/2/22 through 5/1/23) ar ayment by calling (818) 846-1015	ast, Inc. (collectively "WGA") pany to perform writing servic p"); Articles 10, 11, and 12 of the 2020 Writers Guild of A bany also agrees to be bound vriter(s) employed on the abov on Plan payable to the Produce ry Health Fund, and 0.5% of gr tes for period two (5/2/21 thr re 10.5%, 11.5%, and 0.5%, res	as the exclusive ces on the above- ("Grievance and merica Theatrical by the terms and re-named project. rr-Writers Guild of ross compensation rough 5/1/22) are	
Accepted and Agreed B	y:					
COMPANY:		on behalf of itself	F AMERICA WEST, INC. f and its affiliate, F AMERICA, EAST, INC.	For Producer-Writers ( America Pension Plan Guild Industry Health I	& Writers	
Signature	Date	Signature	Date	Signature	Date	
Print Name		Print Name		Print Name		
Title		Title		Title		

#### PLEASE SEND COMPLETED LETTER OF ADHERENCE TO:

Writers Guild of America West, Inc. - Contracts Department - 7000 West 3rd Street, Los Angeles, CA 90048

**GUARANTEE A**GREEMENT



# **GUARANTEE AGREEMENT**

Reference is made to the 2020 Letter of Adherence/WGA Interactive Program Contract for the project entitled ("2020 Letter of Adherence") between (herein after "Company"), and Writers Guild of America, West, Inc. on behalf of itself and Writers Guild of America, East, Inc. (jointly "WGA"), which is entered into concurrently with this guarantee. To induce the WGA to sign the 2020 Letter of Adherence, the undersigned, as an individual, agrees to the following:

You agree to guarantee performance of the 2020 Letter of Adherence by Company.

You agree to assume all obligations of Company under each employment agreement for writing services and option or purchase agreement for literary material entered into at any time during the term of the 2020 Letter of Adherence.

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.

You agree that service upon Company pursuant to the 2020 Letter of Adherence and the 2020 MBA shall constitute 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 photocopy, facsimile, electronic or other copy of this agreement shall have the same effect for all purposes as a signed original.

## AGREED TO AND ACCEPTED

By:	INDIVIDUAL'S SIGNATURE
Name:	PLEASE PRINT OR TYPE INDIVIDUALS'S NAME
Address:	NO P.O. BOXES OR EQUIVALENT
Email:	
Date:	

2020 WGAW Interactive Program Contract



## **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:

By:	SIGNATURE
Name:	PLEASE PRINT CLEARLY OR TYPE
Title:	PLEASE PRINT CLEARLY OR TYPE
Date:	

The undersigned hereby agrees to accept service of process in connection with any disputes or notices arising under any collective bargaining agreement:

<b>∠</b> .	NAME OF AFFOINTED AGENT.	
		PLEASE PRINT CLEARLY OR TYPE
	Company/Law Firm (if applicable):	
	Address:	NO P.O. BOXES OR EQUIVALENT
		NO P.O. BOXES OR EQUIVALENT
	Phone:	
3.	APPOINTED AGENT SIGNS HEF	
	By:	
	Date:	

NAME OF ADDOINTED ACENT.

<sup>2020</sup> WGAW Interactive Program Contract