



Large Guarantee Authorization Form

This document contains Personally Identifiable Information. Please submit through an encrypted channel (e.g., upload on our platform) and ensure that the original is destroyed or kept in a secure location.

BASIC INFORMATION		
Agency/Customer		Date Submitted
Advertiser	Product/Brand	
Creative Agency		Job Number
Bill To		Estimate Number
Other Agencies Applying to This Guarantee		
SAG-AFTRA Signatory (If CMC, please use designated form)		
Performer Name		SSN
Corporate Name		EIN / Fed ID
Agent Name	Agent Location	
Send Payment To		
PO Number	Performer Pay Date(s)	
DELIVERY		
Send via Overnight Courier		Send via Wire Transfer; <i>Bank Verification Letter is required, please attach.</i>
Wire Information		
Bank Name		Bank Address
Account Name	Account Number	ABA Routing Number
PAYMENT DETAILS		
Term Start Date	Term End Date	Guarantee Full Amount

Select ONE of the following:				
Pay Full Amount of Guarantee	Amount	Due Date	Years Services are Performed (N/A for usage only)	Work Location
Pay Installment #		Amount	Due Date	Work Location
Pay P&H Only*	On full guarantee subject to allocations below	On Installment #	Years Services are Performed (N/A for usage only)	Work Location
Track Only	Work Location			
Installment Details				
Number	Amount	Due Date	Years Services are Performed (N/A for usage only)	Work Location
1				
2				
3				
4				
Allocation / Application				
% for SAG		Apply Session/Reuse at Scale Double Scale Other:		
% for AFTRA		Apply Session/Reuse at Scale Double Scale Other:		
% for Non-Union Services		Comments		
Overages	Automatically pay amounts exceeding Guarantee.	Do not pay. Customer will authorize ER to make additional payments.		ER to review contract. Hourly service fee applies.
OTHER PROVISIONS				
Authorizer Name			Authorizer Signature	
WORKERS' COMPENSATION COVERAGE				
As Employer of Record, Extreme Reach Talent, Inc. provides Workers' Comp coverage for all ER payees for work performed. This coverage is extended to performers for whom we are paying both wages and P&H, even if they are paid through their loan-out corporation. However, if you or the loan-out corporation already has WC coverage for a performer being paid through their loan out company and do not wish ER to cover them, please advise below and attach proof of coverage for our records.				
FOR FULL AMOUNT, INSTALLMENT, OR TRACK ONLY PAYMENTS:		By checking this box, I do not authorize ER to provide WC coverage and will attach the required proof of WC coverage for this performer along with this form.		
FOR P&H ONLY PAYMENTS:		If ERT is only paying P&H and not compensation, we will provide Business Travel Accident insurance. (An overview of insurance coverages can be found here.) If you do not want BTA coverage, please indicate below accordingly. By checking this box, I do not authorize ER to provide BTA coverage, although P&H will be paid by ER.		
Signature			Date	

***Union Pension & Health (P&H) Contributions** are due on the date the wage/guarantee payment is actually made to the performer. There is a grace period of 30 calendar days before fines are assessed. The Union Pension & Health Plans closely monitor contributions for timeliness. Contributions made beyond the 30-day grace period are subject to **substantial** penalties.

