

CHUBB®

Chubb Guild Travel Accident Plan



We provide valuable insurance protection to entertainment organizations and production companies to help them mitigate risks to their traveling employees.



Guild members — from actors, writers, and directors to performing artists and crew members — work hard to entertain and capture our imagination. With these creative pursuits come unique perils and risks, like on-set accidents and incidents that occur while traveling for production. Additionally, many guild collective bargaining agreements require organizations to provide travel accident insurance coverage for guild members whom they employ.

Chubb's Guild Travel Accident plan is designed to help these organizations and production companies provide valuable insurance protection, mitigate risks, and comply with coverage requirements. Our plan enables organizations to demonstrate their commitment to the safety and well-being of their talent and crew.

When you choose Chubb, you're relying on one of the strongest carriers in the market: a specialty Accident & Health carrier with the experience and financial strength to offer rich options, broad coverages, and high benefit limits.



Benefits of Our Guild Travel Accident Coverage

- Helps meet collective bargaining agreement requirements for guild members.
- Provides supplemental benefits to non-union employees.
- Part of an overall risk management plan that may help entertainment organizations and production companies meet their duty of care.
- Fills gaps in and helps enhance statutory coverages, such as Workers Compensation. AD&D benefits are paid in addition to other insurance lines.

Note: This plan is currently available to policyholders in a select number of states. Please see the last page of this brochure to confirm state availability.





Eligibility and Hazards

Our Guild Travel Accident plan has been designed to provide coverage for various types of employees, including:

Covered Class	Hazards
<p>Class 1: The Policyholder’s employees: (1) who have been assigned or loaned to the Policyholder through a Guild, trade association, or labor union; (2) whose term of employment is covered and specified by a Collective Bargaining Agreement with the representative guild, trade association, or labor union; or (3) for whom the Policyholder has a contractual obligation to provide accident insurance under the terms of the Collective Bargaining Agreement.</p>	<ul style="list-style-type: none"> • Guild activity (including development, scouting, filming, etc.) • Extraordinary (hazardous) guild activity
<p>Class 2: All Employees of the Policyholder that are not affiliated with any guild, trade association, or labor union.</p>	<ul style="list-style-type: none"> • 24-Hour Business Travel

The terms and conditions of this program are not applicable to production exposure involving the following activities:

- Skydiving
- Paragliding
- Explosives
- Firearms
* not including prop guns/blanks
- Mountain climbing
- Stunts and/or racing-involved motorized transportation
- Stunts involving aircraft usage
- Diving
- Offshore activities
- Any additional activities related to those mentioned here



Please note: Production activities in the following filming locations require a referral to our Underwriting team to discuss eligibility and pricing:

- Jordan
- Antarctica
- Belarus
- Cuba
- Iran
- North Korea
- Russia
- Syria
- Ukraine
- Israel, Gaza, and West Bank
- Haiti
- Iraq
- Afghanistan
- Algeria
- Central African Republic
- Chad
- Chechnya
- Colombia
- Democratic Republic of Congo
- Ethiopia
- Lebanon
- Nigeria
- Pakistan
- Somalia
- Sudan
- Yemen



Product Highlights

Accidental Death & Dismemberment Benefit

Pays lump sum benefits if any of the Losses shown in the Schedule of Covered Losses occur within one year of the date of the Accident. Benefits are payable for the percentage of the Principal Sum specified for the Loss.

“**Loss**” means Accidental: Loss of Foot, Loss of Hand, Loss of Hearing, Loss of Life, Loss of Sight, Loss of Sight of One Eye, Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech, Uniplegia, or Loss of Thumb and Index Finger. Loss must occur within one (1) year after the Accident.

“**Loss of Foot**” means complete severance of a foot through or above the ankle joint. We will consider such severance a Loss of Foot even if the foot is later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“**Loss of Hand**” means complete severance, as determined by a Physician, of at least four (4) fingers at or above the metacarpal phalangeal joint on the same hand or at least three (3) fingers and the thumb on the same hand. We will consider such severance a Loss of Hand even if the hand, fingers, or thumb are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

“**Loss of Hearing**” means permanent, irrecoverable, and total deafness, as determined by a Physician, with an auditory threshold of more than 90 decibels in each ear. The deafness cannot be corrected by any aid or device, as determined by a Physician.

“**Loss of Life**” means death, including clinical death, as determined by the local governing medical authority where such death occurs within 365 days after an Accident.

“**Loss of Sight**” means permanent loss of vision. Remaining vision must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“**Loss of Sight of One Eye**” means permanent loss of vision of one eye. Remaining vision in that eye must be no better than 20/200 using a corrective aid or device, as determined by a Physician.

“**Loss of Speech**” means the permanent, irrecoverable, and total loss of the capability of speech without the aid of mechanical devices, as determined by a Physician.

“**Loss of Thumb and Index Finger**” means complete severance, through the metacarpal phalangeal joints, of the thumb and index finger of the same hand, as determined by a Physician. We will consider such severance a Loss of Thumb and Index Finger even if a thumb, an index finger, or both are later reattached. If the reattachment fails and amputation becomes necessary, then We will not pay an additional Benefit Amount for such amputation.

Temporary Total Disability (TTD) Benefit

Pays a Weekly Benefit Amount if accidental bodily injury causes a primary insured Person to suffer Temporary Total Disability. The Weekly Benefit Amount will be paid in addition to any other applicable Benefit Amounts under this policy. The Weekly Benefit Amount for Temporary Total Disability will be paid until the earliest of the date on which: (1) the Primary Insured Person dies; (2) the Primary Insured Person fails to provide Us with satisfactory evidence of a continuing Temporary Total Disability; (3) the Primary Insured Person no longer has a Temporary Total Disability; or (4) the Maximum Benefit Period of 52 Weeks has ended.

Periods of Temporary Total Disability separated by less than fourteen (14) consecutive days of return to work will be considered one period of Temporary Total Disability, unless due to separate and unrelated causes. No additional Elimination Period will be required. However, the Maximum Benefit Period of (52) weeks will be reduced by the number of weeks for which benefits have already been paid, including but not limited to the Weekly Benefit Amount for Temporary Total Disability.

No Weekly Benefit Amount for Temporary Total Disability shall be paid for any period of time during which the Primary Insured Person is not under the continuous care of a Physician.

Coma Benefit

Pays monthly benefits up to the Benefit Amount for Coma if an Accidental Bodily Injury causes an Insured to:

- lapse into a Coma within thirty (30) days after the Accident;
- remain in a Coma for thirty (30) consecutive days; and
- be confined to a Hospital or other licensed facility to receive Medically Necessary treatment for Coma, prescribed and supervised by a Physician, within the first thirty (30) days following the Accident.

Brief lapses from Coma will not be considered an interruption of the consecutive thirty (30) day period or cause a discontinuance in Our payment if the lapses and subsequent Coma recurrences are due to the same Accident.

The Coma monthly payment will be made until the earliest of the date:

- the Insured dies;
- the Insured is no longer in a Coma; or
- total payments equal the Maximum Amount for Coma, shown in the Schedule of Covered Losses.

If an Insured dies within 365 days after the Accident, then We will pay a lump sum equal to the Insured’s Principal Sum, less any Benefit Amount for Coma already paid.

“**Coma**” means a profound state of unconsciousness, as determined by a Physician according to the Glasgow Coma Scale, from which an Insured cannot be aroused to consciousness even by powerful stimulation.

Schedule of Covered Losses	
Accidental Loss of:	Benefit Amount
Life	100% of Principal Sum
Speech and Hearing	100% of Principal Sum
Speech and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hearing and One of: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Both Hands, Both Feet, Sight, or a combination of any two: Hand, Foot, or Sight of One Eye	100% of Principal Sum
Hand, Foot, or Sight of One Eye	50% of Principal Sum
Speech or Hearing	50% of Principal Sum
Thumb and Index Finger of the Same Hand	25% of Principal Sum
Coma	1% of Principal Sum Per Month

Coverage Definitions

“Accident” or **“Accidental”** means a sudden, unforeseen, and unexpected event which: (1) happens by chance; (2) arises from a source external to an Insured; (3) is independent of illness, disease or other bodily malfunction or medical or surgical treatment thereof; (4) occurs while the Insured is covered under the policy which is in force; and (5) is the direct cause of loss.

“Accidental Bodily Injury” means bodily injury which: 1) is Accidental; 2) is the direct cause of a loss; and 3) occurs while an Insured Person is insured under this policy, which is in force. Accidental Bodily Injury does not mean a Repetitive Motion Injury.

“Collective Bargaining Agreement” means an agreement, on file with the Company, governing a Guild member’s participation in the Policyholder’s activities, under which the Policyholder has a contractual obligation to provide insurance for an Insured Person in his or her capacity as a Guild member.

“Medically Necessary” means a medical or dental service, supply or course of treatment which: (1) is ordered or prescribed by a Physician; (2) is appropriate and consistent with the patient’s diagnosis; (3) is in accord with current accepted medical or dental practice; and (4) could not be eliminated without adversely affecting the patient’s condition.

“Insured Person” means a person, qualifying as a Class member under Section I of the Schedule of Benefits: 1) who elects insurance; or 2) for whom insurance is elected, 3) and on whose behalf premium is paid.

“Other Plan” means any other insurance or payment source for Medical Services or disability, including but not limited to health coverage, disability insurance, worker’s compensation insurance; or coverage provided or required by any law or statute, including, automobile insurance “fault” or “no-fault”, employer sick leave or salary continuation plan, or similar benefit provided or required by governmental plan or program.

“Physician” means a licensed practitioner of the healing arts, acting within the scope of his or her license to the extent provided by the laws of the jurisdiction in which medical treatment is provided. Physician does not include: 1) an Insured Person; 2) an Immediate Family Member.

“Reasonable & Customary” means the lesser of: (1) the usual charge made by Physicians or other health care providers for a given service or supply; or (2) the charge We reasonably determine to be the prevailing charge made by Physicians or other health care providers for a given service or supply in the geographical area where it is furnished.



Coverage Exclusions and Limitations*

Insurance does not apply to any Accident, Accidental Bodily Injury, or Loss caused by or resulting from, directly or indirectly:

- An Insured being in, entering or exiting any aircraft while acting or training as a pilot or crew member. This does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- An Insured Person's emotional trauma, mental or physical illness, disease, pregnancy, childbirth or miscarriage, bacterial or viral infection, bodily malfunctions, or medical, diagnostic, or surgical treatment thereof. This exclusion does not apply to an Insured Person's bacterial infection caused by an Accident or from Accidental consumption of a substance contaminated by bacteria.
- An Insured Person's commission of any felony, or assault, or participation in an illegal occupation, riot, insurrection, or civil commotion.
- An Insured Person being in, entering, or exiting any aircraft: 1) owned, leased, or operated by the Policyholder or on the Policyholder's behalf; or 2) operated by an employee of the Policyholder on the Policyholder's behalf.
- The Insured Person traveling or flying on any rocket propelled or rocket launched conveyance.

- An Insured Person participating in military action while in active military service with the armed forces of any country or established international authority. However, this exclusion does not apply to the first sixty (60) consecutive days of active military service with the armed forces of any country or established.
- An Insured Person's suicide, attempted suicide, or intentionally self-inflicted injury.
- This insurance does not apply to any Accident, Accidental Bodily Injury or Loss caused by or resulting from, directly or indirectly, a declared or undeclared War.

Limitations apply to the following:

- If an Insured has multiple Losses as the result of one Accident, then We will pay only the single largest Benefit Amount applicable to the Losses suffered.
- Policy Aggregate Limit of Insurance: \$10,000,000
- If more than one Insured suffers a Loss in the same Accident, then We will not pay more than the Aggregate Limit shown.

*Exclusions and limitations may vary by state. Coverage is subject to the language of the policies as actually issued.



Applicant Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Production Name: _____

Synopsis: _____

Location of Filming: _____

Stunts and Hazardous Activities: _____

Gross Production Cost: _____

Plan Design Options

Covered Class	Benefit	Benefit Amount and Period
Class 1	Accidental Death & Dismemberment Benefit	The Principal Sum as specified in the Collective Bargaining Agreement Subject a maximum Principal Sum of \$1,000,000.
	Temporary Total Disability	Maximum Amount: The Weekly Benefit Amount specified in the Collective Bargaining Agreement. Benefit Duration: 52 Weeks Elimination Period: 30 days
	Coma	Maximum Amount: 1% of Principal Sum per Month Incurred Period: 365 days
Class 2	Accidental Death & Dismemberment Benefit	\$250,000
	Coma	Maximum Amount: 1% of Principal Sum per Month Incurred Period: 365 days

Rating Calculation

Gross Production Cost	Annual Premium for Domestic Productions*	Annual Premium for International Productions*
\$0 to \$50,000,000	\$1,500	\$2,000
Over \$50,000,000	Referral to Chubb	Referral to Chubb

*Rate applies on an annual basis. Rate includes 20% commission.

Annual Premium: _____

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. Insurance provided by Federal Insurance Company and its U.S.-based Chubb underwriting company affiliates. All products may not be available in all states. Coverage is subject to the language of the policies as actually issued.

Requested Coverage Effective Date

Coverage becomes effective on the requested date only if We have received the completed enrollment form and approved the risk on or before the requested effective date. If the enrollment form is received after the requested effective date, coverage will not take effect until We review and approve the risk. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy and coverage applies for one year from the Effective Date of the Policy.

____/____/____

Expiration Date:

____/____/____

Approval

We will review the completed form promptly and notify you if coverage will be provided, or if there are any problems, miscalculations, or omissions that would prevent us from issuing coverage.

Producer Information

Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Contact Name: _____

Phone Number: _____

Are you appointed with Chubb? Yes No

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Policy Acceptance: The undersigned declares that all information provided in this application and any attachments hereto is true and correct. The undersigned understands that all information provided in this application and any attachments hereto is material to the insurer's decision to provide this insurance, and that insurance will be provided, at the insurer's sole discretion, in reliance upon the truth of such information. It is hereby agreed and understood this insurance is provided by the Company in consideration of payment of the required premium. The insurance under the policy begins on the Effective Date shown in the Insuring Agreement of the policy. The acceptance of the policy terminates any prior policy of the same policy number, effective with the inception of the policy.

Signature of Official Authorized to Contract for Policyholder

Date Signed

Print Name of Official Authorized to Contract for Policyholder

Please email completed form to ChubbGuild@chubb.com or your Chubb A&H Entertainment Underwriter.

CHUBB®

Contact Us

For more information, contact us at ChubbGuild@chubb.com or contact your Chubb A&H Entertainment Underwriter.

This plan is available to policyholders in AK, AZ, AR, CA, GA, HI, ID, MA, MS, MT, NH, NM, NV, NJ, OR, SD, IA, KY, OK, TX, WI, IL, ME, and PA.

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BTA5000 (Rev. 7/2025)