



Berkley
Entertainment

| a Berkley Company

CAST MEDICAL FORM

Examinee	Production Company	Production Title
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AFFIDAVIT AND AUTHORIZATION TO RELEASE INFORMATION

I affirm that I am the examinee named above: that the statements made hereon by me are true, correct and complete; that I have withheld no information known to me which might alter or otherwise conflict with the statements made by me. I understand that the insurer will hold me personally liable and will seek recoupment from me if it is determined that the statements I made were not true, correct and complete, or that I withheld information which conflicts with the statements I made. I also agree to be re-examined by the insurer's doctor in the event a claim is made.

I authorize any physician, licensed practitioner, hospital, clinic, other medical facility, insurance or reinsurance company having information regarding diagnosis, treatment and prognosis of any physical or mental condition to provide Berkley Specialty Underwriting Managers or its legal representative, all such information. I agree that I understand that the medical information obtained will be used by Berkley Specialty Underwriting Managers for underwriting and claim settlement purposes. I agree that this authorization shall be valid for a period of two years from the date on which it was signed. I know that I may obtain a copy of this authorization.

 SIGNATURE OF EXAMINEE OR LEGAL GUARDIAN

 DATE

 PRINT NAME

IT IS MANDATORY THAT THE EXAMINEE ANSWER THE FOLLOWING:

All questions must be answered fully, using additional sheets, if necessary, including explanations to "Yes" answers on Page 1 and 2. Failure to do so may result in declination or delay of insurance coverage.

Indicate Production Type: Feature Film Television Television Series

Estimated Work Days or Number of Episodes _____

Examinee's Estimated Start Date _____

1. Please indicate all roles or responsibilities that you will have on this production:

- Leading Actor Supporting Actor Cameo Actor Director Director of Photography
 Exec. Producer Co-Producer Producer Writer Other (please describe) _____

2. If your role is that of actor, what is the name of the character(s) that you are portraying?

3. Do you have a stop date in your contract? Yes No

If yes, please indicate stop date: _____

4. Will you be performing any special physical activities in this production (e.g. running, climbing, weapon work, fight sequences, aerial, etc.)? Yes No

If yes, please explain: _____

5. Will you need any physical training or conditioning? Yes No

If yes, please explain: _____

6. Will any filming be done outside the studio (e.g. mountains, deserts, jungle, ocean, etc.)? Yes No

If yes, indicate location and number of shoot days: _____

FOR INSURANCE COMPANY USE ONLY

- Accepted
- Rejected
- Accepted for accident only
- Accepted - Subject to the following conditions:

UNDERWRITER'S EVALUATION

- W/O Restriction
- With Restriction



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CAST MEDICAL FORM (Cont'd)

IT IS MANDATORY THAT THE EXAMINEE ANSWER THE FOLLOWING:

1. Date of Birth: _____ Age: _____ Sex: _____
2. Have you ever had or suspect you have had:
 - A. Convulsions, paralysis or stroke, fainting, attacks, severe headaches or disease of the brain or nervous system? Yes No
 - B. High blood pressure, heart attack, pain in chest, angina pectoris or any other disorder of the heart or blood vessels? Yes No
 - C. Tuberculosis, asthma, emphysema, pneumonia, persistent cough or any other disease or abnormality of the lungs or respiratory system? Yes No
 - D. Duodenal or gastric ulcer, colitis or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder or hernia? Yes No
 - E. Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney or genito-urinary system? Yes No
 - F. Diabetes, gout or any other disease or abnormality of the thyroid or other glands? Yes No
 - G. Any disease, disorder or injury of the bones, joints, muscles, back, spine or neck? Yes No
 - H. In the past 5 years, cold sores on lips or face? Yes No
 - I. Weight gain or loss of more than 10 lbs. in the past year? Yes No
 - J. Any eating disorder? Yes No
 - K. Treatment for or had any indication of excessive use of alcohol or drugs? Yes No
 - L. Any disorder of the skin, lymph glands (including cyst, shingles, tumor or cancer)? Yes No
 - M. Any disorder of the eyes, ears, nose or throat (including thrush)? Yes No
3. Do you use tobacco in any form? Yes No
4. Have you in the last 3 years, used LSD, Heroin, Cocaine or any other narcotic, depressant, stimulant or Psychedelic whether or not prescribed by a physician? Yes No
5. To the best of your knowledge, have you been exposed to any infectious or contagious diseases in the past 21 days? Yes No
6. Are you currently or in the past 30 days, taking any medication or health treatments? Yes No
7. Have you consulted a doctor or been under a doctor's care, for any physical or mental condition, during the past 5 years? Yes No
8. Have you had surgical advice or treatment or been confined to a hospital during the past 5 years? Yes No
9. To the best of your knowledge, has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for any Cast Insurance, Non-Appearance Insurance, or Accident, Health or Life Insurance? Yes No

10. Are you now, or will you at any time during the period of this production be taking part in any other film or stage production or other professional engagement? Yes No
11. If female: (a) Are you pregnant? Yes No If yes, how many months? _____
 (b) Have you ever had any disease of the breasts, uterus, tubes or ovaries? Yes No
12. Please list all allergies: _____
 How often do they occur? _____ What medications are being taken? _____
13. If under age 9, please advise what childhood diseases you have had, and attach a copy of your immunization record

14. Have you missed any time on any production in the last 3 years? Yes No
 If yes, please explain: _____
15. (a) When did you last receive a complete physical examination other than a cast medical exam? _____
 (b) What were the results? _____
 (c) Name and address of personal physician: _____
16. Are there any mental, physical or health related conditions other than the above that might affect your ability to perform your duties in this project? Yes No
17. Do you participate in any physical activities or sports on a regular basis? Yes No
18. To the best of your knowledge and belief, is there anything about your present state of health, level of physical conditioning, or level of training that may prevent you from performing your duties in this project? . Yes No
 If yes, please explain: _____

 SIGNATURE OF EXAMINEE AND/OR LEGAL GUARDIAN

 EXAMINEE MAILING ADDRESS

 DATE



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CAST MEDICAL FORM (Cont'd)

TO BE COMPLETED BY PHYSICIAN		
Name of Examinee:	Physician Name:	Physician Telephone:
Date of Exam:	Location of Exam:	Physician Fax:

The production company wishes to obtain Cast Insurance for this examinee which would cover extra expense losses which might occur if the examinee is unable to work as a result of sickness, illness, or injury, even if the time lost is only a part of a day. Motion Picture and Television Productions often require that individuals work under very demanding conditions.

As part of the physical examination, please review the "Yes" responses made by the examinee to all questions as well as the completeness of all explanations provided.

GENERAL APPEARANCE	HT.	WT.	TEMP.	BP	PULSE	EENT
HEART	LUNGS					
ABDOMEN	BACK					
LEVEL OF PHYSICAL CONDITIONING						
<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE						

1. Based on your examination (and previous examinations, if applicable) please provide an explanation of any specific physical or activities, e.g., horseback riding, running, jumping, fighting, etc. or extreme environmental weather conditions, e.g., mountains, deserts, ocean, etc., that would increase the individual's likelihood of illness or injury due to previously known existing injuries illnesses:

2. Given your knowledge of the individual's overall health, is it your opinion that this individual can perform the duties associated with this project without complications? Yes No

If no, please explain: _____

3. Please indicate any additional abnormal findings or other comments: _____

PHYSICIAN'S SIGNATURE: _____

DATE: _____

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: 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.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING

NOTICE TO RHODE ISLAND: 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.