

| | | |
|--|------------------------------|-----------------------------|
| 8. Have you caused during the past five years any loss during the production of a film by being unfit for work due to illness or the consequences of an accident? If yes: When and for which film? Which illness or which accident caused this absence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you ever been refused the conclusion of a life or health insurance or was such insurance restricted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you intend to accept other engagements during the production of this film? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you carry out so-called extreme forms of sport or other competitive sports during the period of insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Only for female persons Are you pregnant? If yes: expected date of birth: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do or did you have frequent/regular menstrual pains? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

In case of questions answered with "Yes" (or "no" with question 2) please give a detailed explanation below which diagnosis or impairment or treatment it concerned and when this occurred! (if applicable add an extra page and name the general practitioner or the doctor who was consulted)

Totally recovered? Yes No

Name and address of the doctor who was consulted: _____

Information and binding declaration

I am aware that this declaration forms the basis of the conclusion of a failure insurance. I agree with the conclusion of this insurance. I have answered the above questions truthfully and completely to the best of my knowledge and belief. I am convinced that my current health condition does not represent any risk of illness for me during the shooting of the film mentioned overleaf or the performance of the stated event. I am aware that the Deutsche FilmversicherungsGemeinschaft (DFG) is entitled to assert claims for compensation against me in case of wilful false information in this declaration. In the event that the insurance cover is not confirmed for me, the insurance policy holder will also be informed thereof.

Declaration of release from the oath of secrecy

I hereby release the attending doctors and/or doctors commissioned by the DFG and/or authorities, also with the occurrence of damages, from their oath of secrecy towards each other and towards the DFG, the participating insurers and reinsurers, the insurance broker as well as experts and appraisers and all natural persons working for such parties in connection with the conclusion, the supervision and claims processing, who are hereby authorised at the same time to reciprocally exchange medical information and also to forward this to the responsible employees of the insured company, the producer and other parties involved in the production.

This declaration is valid for 30 months from the date of the signature. It shall continue to apply after death also to the damaging event.

Declaration of consent

If my health condition leads to a restriction or the refusal of the insurance cover then DFG is entitled, as far as necessary, to disclose the results of the medical evaluation to the insured production company, producers and/or parties involved in the production, to agents and participating insurance or reinsurance companies.

I commit myself in the event of having caused a failure loss to allow any doctor contracted by DFG access to me at all times and to carry out any necessary examinations.

I agree that DFG as far as necessary forward data ensuing from the application documents or the management of the contract (premiums, insured events, risk/contractual amendments, health data), to the reinsurance companies for the purpose of risk assessment and the processing of the reinsurance as well as to the participating companies of the Deutsche FilmversicherungsGemeinschaft and other insurance companies for the purpose of risk and claims assessment.

I further consent that DFG keeps the application, contract and claims data in joint data collections. Upon my request I will be provided with additional information concerning data transmission.

_____, the _____ 20____

(signature of the person stated under Subclause 1 or the legal representative of persons under 18 years of age)

To stay with the insured person

Leaflet for the declaration of consent in the film failure insurance

Each delay or interruption with a film production and/or event leads as a rule to substantial additional costs. Therefore, the main protagonists of a production/event (e.g. actors, camera experts, directors, artists), who cannot be replaced by substitutes, are insured by the producer/organiser or a station against prevention due to illness during shooting.

The processing of your personal data, of which we are informed, is regulated by the Federal Data Protection Act (BDSG). Subsequently, the data processing and use is only permitted if the BDSG or another legal regulation permits this or if the person concerned has given their consent. The BDSG always allows the data processing and use if this happens within the framework of the intended purpose of a contractual relationship or relationship of trust similar to a contract or insofar as it is necessary to safeguard justified interests of the storing department and there are no reasons to assume that the interest of the person concerned, which is worthy of protection, in the exclusion of the processing or use predominates.

Declaration of consent

Independent of this consideration of interests to be undertaken in an individual case and with regard to a secure legal basis for the data processing a declaration of consent according to the BDSG has been submitted to you. If the declaration of consent is deleted or refused in whole or in part, no insurance cover will exist; the insurance policy holder will be informed thereof.

Declaration for release from oath of secrecy

In addition, the transmission of data which, e.g. with the doctor, are subject to professional secrecy, presume special permission from the person concerned (release from oath of secrecy). Therefore, you have also been submitted a declaration for release from oath of secrecy.

Below please find several essential examples for the data processing within the framework of the failure insurance:

Insurance policy holder

Insurance policy holder is in the case of the failure insurance either the producer/organiser or a station, which commissions a production. As contractual partner he also receives the health data which lead to rejection or restriction, however only conclusively. If the producer/organiser is not insurance policy holder, he receives the data from the insurance policy holder insofar as they are necessary for the production/event. Only thus is it guaranteed that e.g. a producer/organiser can assign an actor/artist in line with his (also health) possibilities.

Insurance agents

Insurance agents receive the health data which lead to restriction or rejection of the insurance cover only if the insurance policy holder concludes a contract through these.

Co-insurance

In the event of co-insurances the insurance companies concerned also receive the health data necessary for covering the risks.

Reinsurance

If a part of the risks are forwarded to reinsurance companies then these require the corresponding insurance information such as insurance number and type of risk and if applicable risk surcharge and in individual cases also your personal details. If reinsurance companies assist in assessing the risk and damages, the documents required for this will also be made available to them.



Deutsche FilmversicherungsGemeinschaft
Geschäftsstelle Burmester, Duncker & Joly
GmbH & Co. KG
Postfach 11 22 31
20422 Hamburg

**Ärztliche Bescheinigung
zur Filmausfall-Versicherung
Medical Certificate
for a Cast-Insurance
(Stand/Version 2011/01)**

(bitte in Druckschrift ausfüllen/please fill in print letters)

Produktion/Firma
production/companies: : _____

Film/Projekt
for the film/project : _____

Beschäftigungszeitraum:: vom bis:
Period of employment:: from till : _____

Untersuchte Person / Name Geburtsdatum
reported person/ name birthday : _____

**Feststellungen über den Gesundheitszustand nach erfolgter Untersuchung
results of the state of health after the examination:**

1. a) Gewicht / kg b) Größe (cm)
weight / kilos : height (cm) : _____

**Bei mit „JA“ und/oder „AUFFÄLLIG“ beantworteten Fragen wird um detaillierten Kommentar gebeten.
Please give detailed comments if questions are answered with „Yes“ or „conspicuous“.**

2. Haut und Schleimhäute unauffällig auffällig
skin and mucous membranes inconspicuous conspicuous

Kommentar/comments: _____

3. Allergien nein ja
allergic conditions no yes

Kommentar/comments: _____

4. Mundhöhle und Rachen unauffällig auffällig
mouth and throat inconspicuous conspicuous

Kommentar/comments: _____

5. Bronchien und Lungen unauffällig auffällig
Bronchial systems and lungs inconspicuous conspicuous

Kommentar/comments: _____

6. Herz und Kreislauf unauffällig auffällig
Cardio-vascular system inconspicuous conspicuous

Kommentar/comments: _____

7. Leib unauffällig auffällig
Abdomen inconspicuous conspicuous

Kommentar/comments: _____

8. Physiologische Reflexe unauffällig auffällig
Physiological reflexes inconspicuous conspicuous

Kommentar/comments: _____

9. Psyche unauffällig auffällig
Psyche inconspicuous conspicuous

Kommentar/comments: _____

10. Urinstatus (Combur 8-Test) unauffällig auffällig
Urine inconspicuous conspicuous

11. Blutdruckwerte Beurteilung
Blood-pressure Assessment _____

12. Nimmt die zu versichernde Person Medikamente ? ja nein
Does the person to be insured take any medicine ? yes no

Wenn ja, wo gegen ?
If yes, please state diagnosis ? _____

13. Liegen Anzeichen für unkontrollierte bzw. übermäßige Medikamenten-, Alkohol- oder sonstige Drogeneinnahme vor? ja nein
Are there any signs of taking excessively medicine, drug abuse or alcoholism? yes no

Kommentar/comments: _____

14. Sonstige Feststellungen / *Other findings*
(Rheumatismus, Diabetes, sonstige chronische Erkrankungen oder organische Fehlfunktionen)
(*Rheumatism, diabetes, any other chronic disease or organic malfunction*)

15. Ist bei Gesamtbeurteilung des Untersuchungsergebnisses ein erhöhtes Ausfallrisiko erkennbar ?
Do the overall results of this examination indicate any increased risk of illness/ accident/ non appearance?

Ja / yes Nein / no

Bemerkungen
Remarks _____

_____, den/the _____
Wohnort / Place Datum / Date

*Unterschrift des untersuchenden Arztes
Signature of examining physician*

Genaue Adresse / Stempel

Full adress / Mark _____