



WE COVER YOUR ASSETS

DEUTSCHE  
FILMVERSICHERUNGS  
GEMEINSCHAFT



Deutsche FilmversicherungsGemeinschaft  
WECOYA PRIVATE & COMMERCIAL  
Underwriting GmbH  
Große Theaterstraße 42  
D-20354 Hamburg

### Health Declaration

**Declaration of Consent to the Survey  
and use of Personal Data, in particular Health Data**

**Declaration release from the oath of secrecy  
relating to the producer's indemnity insurance  
(cast-insurance)**

Last name, First name:		Production No.:	
female <input type="checkbox"/>	male <input type="checkbox"/>	diverse <input type="checkbox"/>	
Period of employment:			
Project:			
Function within the production:			
Degree of disability in case of serious disability: If Yes, please state :			
Date of birth:	weight:	kg	height: cm
Are you currently completely healthy and capable of working in every aspect: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, why?			
Have you been hospitalized for the past 3 years? when?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: why?
how long?			
Name and address of your attending doctor:			
Are any treatments already planned for the future or have such been advised? If Yes: Which, and who is the attending doctor?			
Are you currently suffering from acute and/or chronic diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: What do you suffer from?			
Were loss damages caused in relation to you within the last 3 years due to illness or the consequences of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes,			
when and with which project?			
which illness or which accident was the cause?			
Who was the attending doctor? (name and address)			
Are you intending to carry out other engagements during the insurance period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:			
Do you practice so-called extreme types of sport or other competitive sports during the insurance period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state:			

#### GESCHÄFTSFÜHRUNG:

Thorsten Klare  
André Sprenger

HypoVereinsbank | IBAN: DE34 2003 0000 0000 1088 29 | BIC: HYVEDEMM300  
WECOYA PRIVATE & COMMERCIAL Underwriting GmbH | USt-IdNr.: DE357002408  
Sitz der Gesellschaft ist Hamburg | Amtsgericht Hamburg: HRB 177200  
Erlaubnis als Versicherungsvertreter nach § 34d Abs. 1 GewO | Registrierungsnummer D-DLT9-RY57J-09  
Eine Marke der WECOYA Underwriting GmbH | Große Elbstraße 39 | 22767 Hamburg | www.d-f-g.de



### Instructions and binding declaration

The Deutsche FilmversicherungsGemeinschaft (DFG) is a brand WECOYA PRIVATE & COMMERCIAL Underwriting GmbH (WECOYA). Within the scope of producer's indemnity insurance contracts WECOYA as the authorised representative of various insurers (see named Underwriting agent) proc-esses your personal data.

Each delay or interruption of 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, cameramen, directors, artists) who cannot be replaced by any substitute persons are insured by the producer/organiser or a broadcaster against an illness related hindrance during the shooting. The insurance contract exists in this case between the insurer and (as a rule) the production company as the policyholder. You will not become a party of the contract yourself.

**I am aware** that this declaration of health is based upon the conclusion of a producer's indemnity insurance. I agree with the conclusion of this insurance. I have answered the above questions truthfully and in full to the best of my knowledge and belief. I am of the conviction that from my current health condition there will be no risk of illness for me for the duration of the recordings for the film stated overleaf or for the execution of the stated event. I am aware that WECOYA is entitled to assert claims for damages against me in case of deliberate incorrect details in this declaration.

### Consent to the collection and use of personal data, in particular health data and declaration of release from the oath of secrecy

The following declarations of consent and of release from the oath of secrecy are essential for the examination of the application as well as the establishment, execution or termination of the insurance contract at WECOYA. Should you not submit this, the co-insurance of your person will not be possible as a rule. If the insurance cover is not concluded the policyholder (as a rule the production company) will also be notified hereof.

As a company of the film and event insurance, WECOYA requires your release from the oath of secrecy in order to be able to forward your personal data, in particular health data, or further data protected according to Section 203 German Criminal Code *Strafgesetzbuch – StGB* to other bodies.

In order to examine the payment obligation it may also be necessary to examine health details after your death. An examination may also be necessary if, up to ten years after conclusion of the contract, there are clear indications for WECOYA that incorrect or incomplete details were provided when the application was filed and therefore the assessment of the risk was influenced. For this purpose we also require a consent and release from the oath of secrecy.

The declarations shall apply for the persons legally represented by you such as your children, insofar as these do not recognise the scope of this consent and therefore cannot submit any declarations of their own.

#### 1) Declaration of release from the oath of secrecy

I hereby release WECOYA from its oath of secrecy and consent that it shall forward my personal data, including my health-related data, to the necessary extent to third parties for the purpose of risk examination and execution of the contract. Third parties include in particular doctors, experts, appraisers, reinsurers, insurers, policyholders, insurance intermediaries.

#### 2) Declaration of consent to the processing of personal data, in particular health-related data

I agree that WECOYA shall process my personal data, in particular health-related data, to the necessary extent and forward these to third parties within the scope of the risk assessment, reinsurance and provision of services. Third parties include in particular doctors, experts, appraisers, reinsurers, insurers, policyholders, insurance intermediaries.

#### 3) Declaration of release from the oath of secrecy for the obtaining of supplementary information

In the event that my details within the scope of this declaration of health are not sufficient for the assessment of my health condition by WECOYA, I hereby submit the following declaration:



**Please tick only one box! The selection can be changed at all times with effect for the future by an informal notification to WECOYA.**

- ☐ In the event that my details within the scope of this declaration of health are not sufficient for the assessment of my health condition by WECOYA, I hereby now already agree that WECOYA — insofar as necessary — shall collect my your personal data, in particular health data, from doctors, nursing staff and employees of hospitals, other medical institutions, nursing homes, personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities for the examination of the application respectively or the registration and risk assessment and will use them for these pur-poses. The request for the required documents shall, if applicable, be carried out by the insurance intermediary.

I release the stated persons and employees of the stated institutions from their oath of secrecy towards WECOYA, insofar as my admissibly stored your personal data, in particular health data, from examinations, consultancies, treatments as well as insurance applications or contracts are transmitted to WECOYA over a period of up to ten years before the application was filed.

I additionally agree that, in this context — insofar as necessary —, my personal data, in particular health data, will be forwarded by WECOYA to these bodies and also accordingly release the persons working for WECOYA from their oath of secrecy.

- ☐ I will, of course, be informed by WECOYA about the necessity to obtain further data.

In the event that my details within the scope of this declaration of health are not sufficient for the assessment of my health condition by WECOYA, I request that WECOYA will inform me in advance in each individual case, from which persons or insti-tutions and for which purpose information will be required.

I will then respectively decide,

- whether I consent to the collection, use and forwarding of my personal data, in particular health data,
- whether I shall release WECOYA as well as the stated persons or institution and their employees from the oath of secrecy
- or whether I will provide the necessary documents myself.

**4) Declaration of release from the oath of secrecy in a damaging event**

In the event of occurrence of damages, thus my (partial) loss within the scope of the aforementioned production, I hereby submit the following declaration:

**Please tick only one box! The selection can be changed at all times with effect for the future by an informal notification to WECOYA.**

- ☐ In the event of the occurrence of a damage, I hereby now already consent that WECOYA — insofar as necessary — shall collect my personal data, in particular health data, from doctors, nursing staff and employees of hospitals, other medical institutions, nursing homes, personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities for the claims handling or a renewed examination of the application or the registration and to use them for these purposes. The request for the required documents shall, if applicable, be carried out by the insurance intermediary or an expert.

I release the stated persons and employees of the stated institutions from their oath of secrecy towards WECOYA, insofar as my admissibly stored health-related data from examinations, consultancies, treatments as well as insurance applications or contracts are transmitted to WECOYA over a period of up to ten years before the application was filed.

I additionally agree that, in this context, — insofar as necessary — my personal data, in particular health data, will be forwarded by WECOYA to these bodies and also accordingly release the persons working for WECOYA from their oath of secrecy.

I will, of course, be informed by WECOYA of the necessity to obtain further data.



- ☐ In the event of occurrence of damages I request that WECOYA informs me in each individual case in advance from which persons or institutions and for which purpose information will be required.

I will then respectively decide,

- whether I consent to the collection, use and forwarding of my personal data, in particular health data,
- whether I shall release WECOYA as well as the stated persons or institution and their employees from the oath of secrecy
- or whether I will provide the necessary documents myself.

**5) Declaration of release from the oath of secrecy and declaration of consent after the event of death**

For the event of my death I hereby consent that WECOYA — insofar as necessary — shall collect my personal data, in particular health data, data from doctors, nursing staff and employees of hospitals, other medical institutions, nursing homes, personal insurers, statutory health insurance funds, employers' liability insurance associations and authorities for the examination of performance or for a renewed examination of the application or the registration and will use them for these purposes.

I release the stated persons and employees of the stated institutions from their oath of secrecy towards WECOYA, insofar as my admissibly stored personal data, in particular health data, from examinations, consultancies, treatments as well as insurance applications or contracts are transmitted to WECOYA over a period of up to ten years before the application was filed.

I additionally agree that, in this context, — insofar as necessary — my personal data, in particular health data, will be forwarded by WECOYA to these bodies and accordingly also release the persons working for WECOYA from their oath of secrecy.

Insofar as the aforementioned declarations relate to my details at the time the application was filed or at the time of registration, they shall apply for a period of five years after conclusion of the contract. If there are clear indications for WECOYA after conclusion of the contract that incorrect or incomplete details were willfully provided when the application was filed or the registration was completed and the risk assessment was therefore influenced, the declarations shall apply for up to ten years after conclusion of the contract.

**6) Confirmation**

With my signature I confirm that I have received the enclosed data protection notices relating to the declaration of health of the producer's indemnity insurance.

**Possibility for revocation**

The consent is granted voluntarily and you can revoke the consent in full or in part at all times by a notification to WECOYA. The lawfulness of the data processing carried out until this time will not be affected by the revocation of your consent.

**This declaration is to be returned in full after it has been signed.**

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place, date

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Signature of the person, who is to be insured, respectively of the legal guardian (with persons below the age of 18)



**Data protection notices  
for affected persons within the framework of producers indemnity insurances (cast insurance)**

**To remain with the insured person or the person to be insured**

The Deutsche FilmversicherungsGemeinschaft (DFG) is a brand of WECOYA PRIVATE & COMMERCIAL Underwriting GmbH (WECOYA). Within the scope of producer's indemnity insurance contracts WECOYA as the authorised representative of various insurers (see named Underwriting agent) processes your personal data. In its activity WECOYA acts in line with the applicable provisions under data protection law, such as the General Data Protection Regulation (GDPR) and the Federal Data Protection Act (Bundesdatenschutzgesetz – BDSG) as well as the following data protection notice

**1) Names and contact data of the data controller and the data protection officer**

WECOYA PRIVATE & COMMERCIAL Underwriting GmbH

Große Elbstraße 39

22767 Hamburg

Germany

E-Mail: [datenschutz@wecoya.com](mailto:datenschutz@wecoya.com)

Managing director:

Thorsten Klare, André Sprenger

**data protection officer**

DS EXTERN GmbH, Dipl.-Kfm. Marc Althaus, Frapanweg 22, 22589 Hamburg

<https://www.dsextern.de/anfragen>

**2) Type of processed data**

The following personal data are processed by WECOYA:

- Name, date of birth and address
- Your function within the production and the period of employment
- Health-related data of various kinds
- In the event of damage further information relating to the reason for your loss

**3) Purpose of data processing and their legal basis**

BDJ processes your personal data in order to examine the application as well as for the establishment, execution and termination of the insurance contract with the respective policyholder.

The legal basis for the processing of your personal data is Article 6 I lit. f) GDPR. WECOYA and, where applicable, third parties have a legitimate interest in the processing of data. This exists for example

- at WECOYA, the insurer and the policyholder in the conclusion and the execution of the producer's indemnity insurance, including the execution of a risk assessment as well as the processing of claims in a benefit case,
- at WECOYA, the insurer and a reinsurance in the conclusion and the execution of the insurance contract,
- in the data processing for the assertion of legal claims and defence in case of legal disputes,
- for the prevention and investigation of criminal offences, in particular for the recognition of clues, which could indicate insurance abuse.

Moreover, the processing of your personal data is carried out owing to statutory obligations (Art. 6 I lit. c) GDPR). These statutory obligations arise, for example, from storage obligations under commercial and tax law and stipulations under supervisory law.

If a health check is already required in advance of the conclusion of the cast insurance to cover your default within the scope of the production, you will be asked to complete a corresponding health declaration.

In this case, as well as when a declaration of release from confidentiality is submitted, the processing of your personal data, in particular your health data, is based on the consent you have given in accordance with Article 6 I lit. a) in conjunction with Article 9 II lit. a) GDPR.



#### 4) Origin of your data

WECOYA is provided with personal data such as name, date of birth and function within the production when an insurance contract is initiated by the production company or by an insurance intermediary commissioned by the production company. WECOYA also processes any personal data that you may have provided in the health declaration or the declaration of release from confidentiality.

Moreover, if applicable, further personal data are to be communicated to WECOYA by documents from doctors or other members of a medical profession. These documents are, for example, certificates, examination reports, invoices or expert's opinions. These will either be submitted by yourself or after prior consultation with you respectively submission of a corresponding declaration for re-lease from the oath of secrecy will be requested by WECOYA directly from the corresponding body. You will, of course, be notified about the obtaining of the data.

#### 5) Forwarding of the data to third parties

As WECOYA appears as the authorised representative of various insurers, your personal data, insofar as necessary, will be forwarded to the corresponding insurer for the purpose of execution of the contract.

In order to examine the risk assessment and/or the payment obligation in the event of damage it may be necessary to involve experts and/or medical experts. Only in these cases and in the availability of a corresponding declaration of release from the oath of secrecy will WECOYA forward your personal data to the corresponding bodies.

In order to hedge the fulfillment of claims, WECOYA can in an individual case involve reinsurances, which assume the risk in full or in part. This is primarily the case if the sum insured is particularly high or it concerns a risk that is difficult to classify. It is possible that the reinsurer uses the services of further reinsurers, to which it will also hand over your personal data for the claims processing. In addition, it is possible that the reinsurance, owing to its special expertise, is also included with the examination of the risk or benefit as well as with the assessment of procedural flows.

The purpose of the forwarding of data and processing of your personal data at the reinsurer is solely the assessment of the insurance risk and/or the payment obligation of the reinsurer in the event of damage.

Should, after the examination of the risk, the conclusion of the producer's indemnity insurance be rejected, the policyholder (as a rule the production company) will receive a corresponding rejection. Personal data, however no health-related data, will be forwarded by WECOYA in this notification to the policyholder.

If the insurance cover is only granted with restrictions, the policyholder (as a rule the production company) will receive knowledge, which health risks are excluded respectively for which health risks a premium surcharge or a benefit limitation is envisaged. As far as possible, no individual health-related data will be forwarded to the policyholder hereby, but only general health risks, such as for example "thyroid diseases of all kinds and their respective consequences" or "cardiovascular diseases" will be stated. If such a restriction exists, this will moreover be communicated to the production company respectively the organiser, so that no further health risks will be created for you by the shooting.

If, in the communication between WECOYA and the policyholder, an insurance intermediary is involved, the personal data will be handed over to it for forwarding to the policyholder.

The forwarding of personal data to a third country is currently not envisaged. Should this change, either an adequacy decision of the European Commission will exist for this third country according to Art. 45 GDPR or WECOYA will provide other suitable guarantees for the data protection of the recipient.



**6) Duration of the data storage**

Your personal data will be stored by WECOYA for the duration of three months after the end of the insurance period. In a benefit event your personal data will be processed at least until the damaging event has been finally processed. If no insurance contract is concluded, your personal data will be stored for three months after the decision regarding the non-conclusion of the insurance contract.

In addition, WECOYA stores your personal data, insofar as it is obligated hereto by law. Corresponding proof and storage obligations can be derived, among others, from the Commercial Code, the Fiscal Code and the Money Laundering Act. The storage deadlines are accordingly up to ten years.

**7) Your rights as a data subject**

You can request information under the address stated above (**Art. 15 GDPR**) about the data stored in relation to your person as well as under certain prerequisites the rectification (**Art. 16 GDPR**) or the erasure (**Art. 17 GDPR**) of your data. You may furthermore be entitled to a right to limitation of the processing (**Art. 18 GDPR**) of your data as well as a right to hand-over (**Art. 20 GDPR**) of the data made available by you in a structured, common and machine-readable format.

**You have the right at all times, for reasons which arise from your particular situation, to file an objection according to Art. 21 GDPR against the processing of the personal data relating to you, which among others is carried out owing to Art. 6 I lit. f) GDPR. WECOYA will discontinue the processing of your personal data, unless it can prove essential reasons worthy of protection for the processing, which outweigh your interests, rights and freedoms, or if the processing serves the assertion, exercising or defence of legal claims.**

**You can revoke consents** to the collection, processing and use of your personal data including your health-related data, which you have submitted towards WECOYA, with effect for the future **in full or in part (Art. 7 III GDPR)**. The same shall apply to possible subsequent, further consent to the collection, processing or use of your personal data. Please send your revocation to the aforementioned address.

You furthermore have the right, in case of complaints, to contact the responsible supervisory authority. The responsible supervisory authority is the

- Hamburg Commissioner for Data Protection and Information Security  
Hamburgische Beauftragte für Datenschutz und Informationsfreiheit  
Ludwig-Erhard-Straße 22, D-20459 Hamburg, Germany