

Cast Medical Application

Applicant Information

Artist name: _____ Artist date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

Production company: _____ Application date: _____

Production type: Feature film Television Television series Commercial

Production title: _____ Estimated start date: _____

Number of weeks or days scheduled to work on production: _____ Weeks _____ Days

Please read the following three statements carefully before completing the remainder of this medical certificate:

- It is mandatory to truthfully answer all of the following questions. In the event of a claim, the artist may be held personally and individually liable and responsible for any incomplete, inaccurate, or misinformation provided.
- This form will be returned if any questions are left blank or if explanations are not provided with any items with "yes" answers.
- If additional space is needed, attach a separate sheet, and indicate the question being answered.

General Information

Indicate all roles or responsibilities that the artist will have on this production:

| | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Leading actor | <input type="checkbox"/> Executive producer | <input type="checkbox"/> Writers |
| <input type="checkbox"/> Supporting actor | <input type="checkbox"/> Director of photography | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cameo | <input type="checkbox"/> Co-producer | |
| <input type="checkbox"/> Director | <input type="checkbox"/> Line producer | |

General Information (Continued)

If the artist's role is actor, what is the name of the character(s) the artist is portraying?

Is the artist currently performing or scheduled to perform or participate in any other professional engagements during the period they will be rendering services for this production?

Yes No

If yes, provide project names, dates, and locations:

Does the artist participate in any of the following physical activities or sports during their personal or professional time? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Auto racing | <input type="checkbox"/> Marathons |
| <input type="checkbox"/> Motorcycle riding/racing | <input type="checkbox"/> Sky diving |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Gliding/piloting aircraft of any kind |
| <input type="checkbox"/> Triathlons | <input type="checkbox"/> Watercraft racing |
| <input type="checkbox"/> Ballooning | <input type="checkbox"/> Mountain or rock climbing |
| <input type="checkbox"/> Watercraft pilot | <input type="checkbox"/> Scuba diving |

What type of stunt activities is the artist either expected to or planning to take part in during this project?

Is there any special training or practice required for any stunts or other physical activities the artist is either expected to or planning to take part in during this project?

Yes No

Please provide details and period of practice or training:

Will any filming be done outside the studio (e.g., mountains, deserts, jungle, ocean, etc.)?

Yes No

Has the artist lost any time from work (including filming, production, or other performance activities) in the last five years due to any sort of illness, sickness, injury, surgery, or other medical treatment?

Yes No

Has the artist had a significant increase or decrease in weight in the past two years?

Yes No

Details and dates:

Does the artist smoke cigarettes, cigars, or use tobacco in any form?

Yes No

Indicate which of the above and how many per day:

Does the artist drink alcohol?

Yes No

How much and how often?

During the past five years and up to the present, has the artist used or taken LSD, heroin, cocaine, any other narcotic, depressant, stimulant, psychedelic, or other illegal drug or substance that was not prescribed by a physician?

Yes No

Name or types, quantity, and frequency:

General Information (Continued)

Is the artist currently using or in the last twelve months taken any prescription medications?

Yes No

List medication(s) artist is currently using: _____

List medication(s) artist has taken in the last twelve months: _____

Is the artist aware of any infection or contagious disease they have been exposed to during the last 30 days?

Yes No

Details and dates: _____

Is the artist now receiving or within the last 90 days received any medical or health treatments of any type (including from any doctor, specialist, chiropractor, acupuncturist, psychiatrist, therapist, etc.)?

Yes No

Details, dates, and names of treating medical professionals: _____

Other than care of any of the professionals stated above, has the artist received surgical advice or treatment or been admitted or confined to a hospital during the past five years up to the present?

Yes No

Details and dates: _____

When was the artist's last complete physical examination (not including a cast exam)?

Date of exam: _____

Examining physician's full name: _____

Address: _____

Phone: _____

Provide the name, address, and phone of the artist's personal physician, if different from the above.

Full name: _____

Address: _____

Phone: _____

Does the artist believe they are in good health and free from physical impairment or disease?

Yes No

Provide details: _____

To the artist's knowledge, has any insurance company declined to insure them or impose any special terms in regard to acceptance for cast insurance, non-appearance insurance, accident, or health insurance or life insurance?

Yes No

Details and dates: _____

Indicate any problem, condition, or diagnosis related to any of the following that the artist has been told they might have: (If additional space is needed, attach a separate sheet, and indicate the question being answered.)

Convulsions, paralysis or stroke, fainting attacks, or disease of the brain or nervous system

Yes No

Details and dates: _____

General Information *(Continued)*

Severe headaches Yes No

Details and dates:

High blood pressure, heart attack, pain in chest, or any other disorder or disease of the heart or blood vessels Yes No

Details and dates:

Tuberculosis, asthma, emphysema, bronchitis, persistent cough, or any other disease or abnormality of the lungs or respiratory system Yes No

Details and dates:

Gastric reflux, Barrett's Syndrome, or any other condition of the esophagus Yes No

Details and dates:

Duodenal or gastric ulcer, colitis, Crohn's Disease, or any other disease or abnormality of the stomach, intestines, colon, or rectum Yes No

Details and dates:

Liver, pancreas, gallbladder Yes No

Details and dates:

Hernia Yes No

Details and dates:

Sugar, albumin, blood or pus in urine, kidney stones, or any other condition of the bladder, kidney, or genitourinary system Yes No

Details and dates:

Diabetes Yes No

Details and dates:

Gout Yes No

Details and dates:

Any disease or abnormality of the thyroid, pituitary, adrenal, or any other glands Yes No

Details and dates:

Any injury, surgery, disease, or disorder of the bones, joints, muscles, back, spine, or head Yes No

Details and dates:

Any problems, disease, or disorder of the eyes, ears, nose, larynx, or throat Yes No

Details and dates:

Any allergies (including food allergies) Yes No

Details and dates:

General Information *(Continued)*

Any anemia or other disorder of the blood, veins, arteries, or other part of the circulatory system

Yes No

Details and dates: _____

Any cold sores on the mouth/lips or face in the past two years

Yes No

Details and dates: _____

Any disease or disorder of the skin or lymph glands

Yes No

Details and dates: _____

Any diagnosis of or treatment for any type of cancer, tumor, mole, growth, or cyst

Yes No

Details and dates: _____

Any diagnosis of or treatment for mental health conditions including but not limited to depression, phobias, eating disorders, anxiety attacks

Yes No

Details and dates: _____

Females only:

Is the artist pregnant?

Yes No

Has the artist ever been diagnosed or treated for any disorder or complications related to pregnancy or breasts, uterus, ovaries, or fallopian tubes?

Yes No

Details and dates: _____

Full name of examining/treating physician: _____

Males only:

When was the artist's last prostate exam and PSA blood test?

Has the artist ever been diagnosed or treated for any disorder or disease of the prostate gland?

Yes No

Details and dates: _____

Full name of examining/treating physician: _____

If artist is under age 9:

List childhood diseases the artist has had. Attach a copy of artist's immunization record.

Note: This medical certificate is not complete unless a completed and signed AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION is attached.

Submission Requirements

This application requires additional documentation:

- Attach a copy of artist's immunization record *(if applicable)*
- If additional space is needed, attach a separate sheet, and indicate the question being answered

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

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.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

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.

Applicable in FL

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

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

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.

Applicable in ME

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.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

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.

Applicable in NY

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.

Applicable in OH

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.

Fraud Statements / Signature

Applicable in OK

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.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

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.

Applicable in WA

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

| | | |
|-----------------------|--------------------------------|--|
| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | STATE PRODUCER LICENSE NO. (Required in FL) |
| APPLICANT'S SIGNATURE | DATE | NATIONAL PRODUCER NUMBER |