

SCHEDULE OF LIMITS

Policy Number:

Period of Insurance: to

<u>COVERAGE</u>		<u>LIMIT OF LIABILITY</u> Per Occurrence	<u>DEDUCTIBLE</u> Per Claim
Section I	A. Extended Pre-Production Cast Insurance B. Cast Insurance		
Section II	A. Negative Film and Videotape B. Faulty Coverage		
Section III	A. Miscellaneous Equipment B. Hired & Non-Owned Auto Physical Damage		\$7,500 X-Ray Damage
Section IV	A. Extra Expense B. Utility Failure to Supply C. Civil Authority		
Section V	A. Props, Sets and Wardrobe B. Animal Coverage		
Section VI	Third Party Property Damage Liability		
Section VII	A. Office Contents B. Electronic Data Processing and Equipment		
Section VIII	Money & Currency		
Section IX	Additional Coverage A. Furs, Jewelry, Arts & Antiques		

SCHEDULE OF INSURED PERSONS

Policy Number:

Period of Insurance: _____ to _____

Section I. B. Cast Insurance

[illegible]

There is no coverage until the names of cast persons are accepted and approved by Underwriters in writing, whereupon Accident Risks Only coverage will apply pending receipt of medical or other required declarations are approved by Underwriters in writing. Cast Insurance is subject to an exclusion for any loss(es) arising from hazardous pastime activities, unless agreed to by Underwriters in writing.

SCHEDULE OF INSURED ANIMALS

Section V. A. Props, Sets and Wardrobe

Type	Number	Value	Effective Date
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SCHEDULE OF FORMS AND ENDORSEMENTS

Policy Number:

Period of Insurance: to

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