



APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

SUPPLEMENTAL APPLICATION

ENTERTAINMENT

Name of Applicant (The Firm): _____

1. List all entertainment (e.g., athletes, performers, publishers, authors, designers etc., and public figures) clients of the firm (attach supplemental sheet if necessary) during the past 5 years:

2. Does the firm, or any attorney for whom coverage is sought, negotiate personal appearances or product endorsements for the applicant's clients? YES NO

3. Does the firm, or any attorney for whom coverage is sought, negotiate the financing or distribution of productions? YES NO

4. Has any attorney, for whom coverage is sought, ever served as the trustee of an entertainment client's trust? YES NO

5. Does the firm, or any attorney for whom coverage is sought, have a business relationship with any of the applicant's entertainment clients other than the providing of legal services? YES NO

6. Does the firm, or any attorney for whom coverage is sought, provide investment advice to any of the applicant's entertainment clients? YES NO

7. Does the firm, or any attorney for whom coverage is sought, make investments for any of the entertainment clients? YES NO

8. Does the firm, any related or controlled entity, or any attorney for whom coverage is sought, serve as a talent agent or manager? YES NO

9. Does any attorney, for whom coverage is sought, have the authority to write checks for any of the applicant's entertainment clients? YES NO

10. Does the firm, or any attorney for whom coverage is sought, ever accept percentages of deals as compensation for legal services? YES NO

11. Does the firm, or any attorney for whom coverage is sought, ever accept compensation in kind (e.g. copyrights) in return for legal services? YES NO

12. Does the applicant have a written procedure in their office for handling conflicts of interest in the entertainment field? YES NO

(If "No" please explain on a separate sheet of paper and attach to this supplemental application.)

13. If you answered "Yes" to any of questions 5-12 in this supplemental application, please describe the services you perform for the entertainment clients.

Applicant By _____ DATE _____
SIGNATURE OF OFFICER OR PARTNER OF FIRM PRINT NAME OF OFFICER OR PARTNER

Application must be signed by duly authorized proprietor, partner, member or officer of the firm.