



Music Professional Liability Application for Musical Artists

All Questions Must Be Answered Completely

Attach Additional Sheet If Necessary

NOTE: Unless the policy form provides coverage for Defense Costs In Addition to the Limits of Liability, the Limits of Liability shall be reduced by defense costs. Please read the entire policy carefully. Execution of this Application does not bind the Company to issue a policy.

Please submit the following information with your Application:

- 🎵 Catalog of compositions/recordings;
- 🎵 Specimen copy of contract used with distributors;
- 🎵 **Applicant's** marketing materials regarding **Applicant's** musical work(s); and
- 🎵 A current loss run for open and closed music liability claims incurred in the past five (5) years.

1. **Applicant Information** — Identified as the **Named Insured**.

Name of **Applicant**: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____

Corporation Partnership Individual Joint Venture

Artist's/Band's Name(s) _____

Recording Label History for past 10 years _____

Websites over which the **Applicant's** works are distributed _____

2. Name and title of all band members: _____

3. Identify any *former* band members: _____

11. Percentage of recordings or arrangements that are:

_____ % Original _____ % Licensed from third parties

12. **Applicant's** top revenue generating works and dates of release:

13. **Loss Prevention and Management**

Music Counsel

Name of counsel _____ Telephone _____

Name of firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Does counsel clear intellectual property materials involving music? **Yes** **No**

Is counsel on retainer? **Yes** **No**

Describe clearance procedures and routines for identifying and resolving any copyright issues or attach a copy of written procedures.

Business Counsel

Name of counsel _____ Telephone _____

Name of firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Applicant's Manager

Name of counsel _____ Telephone _____

Name of firm _____ Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ E-Mail _____

Number of years as **Applicant's** manager: _____

14. **Clearance Procedures and Operations**

Is a Musicologist used? **Yes** **No**

If **"yes,"** please identify "who" and describe the **Applicant's** policy and practice regarding such use:

Does **Applicant** sample other music? Yes No

If “**yes**,” what are the policies and procedures utilized in connection with sampling: _____

Does **Applicant** maintain written contracts or agreements with persons providing original music, lyrics, etc.? Yes No

(If “**yes**,” provide a specimen copy of the contract wording)

Does **Applicant** require persons providing original materials or services to:

a. indemnify **Applicant** for claims arising out of such materials or services provided? Yes No

b. provide proof of liability insurance for songwriting, composition or promotional activities? Yes No

Does **Applicant** have Comprehensive General Liability Insurance for bodily injury and property damage relating to performances and touring? Yes No

15. **Insurance and Claim Information:**

Has the **Applicant** commenced suit, been sued or threatened with litigation in the past 10 (ten) years? Yes No

If “**yes**,” please advise generally. In respect to claims arising from music activities, please include the amount of defense costs incurred, any applicable retention spent, and the amount of any judgments or settlements paid. If the claim has not yet been resolved, please provide the amounts for which the claim has been reserved.

Does the **Applicant** know of any situation that could give rise to a claim? Yes No

If “**yes**,” please attach complete details and advise whether the claim has been reported.

Has the **Applicant** been refused similar insurance in the past five years? Yes No

If “**yes**,” please advise _____

(In the State of Missouri, the following question does not apply.)

Have any media liability insurers ever canceled or non-renewed coverage? Yes No

If “**yes**,” please advise _____

Has the **Applicant** had music liability insurance in the past three years? Yes No

If “**yes**,” please identify the following or attach Declarations:

Insurer

Policy Limits

Retention

Policy Term

Premium

1.

2.

3.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application of 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 and subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA.

REPRESENTATIONS

By signing this Application, the **Applicant** agrees:

- The statements and answers contained herein and in any attachments are complete and accurate;
- The statements and answers are complete and accurate representations on behalf of all persons and entities for whom coverage is being sought;
- That the Company relies upon such representations as a condition to providing insurance; and
- If there is a material change in respect to the statements and answers in this Application before the inception date of the policy, the **Applicant** must immediately notify the Company. Any outstanding offer to provide insurance may be modified or withdrawn by the Company.

The statements and answers made in this Application for insurance and in any attachments are true and correct to the best of my knowledge.

Applicant _____ Title _____
(Director, Partner or Principal)

Signature _____ Date _____