



Supplemental Application  
for  
Miscellaneous Professional Liability  
Insurance Policy

***THIS IS A CLAIMS MADE AND REPORTED INSURANCE POLICY. READ IT CAREFULLY.***

**MEDIA/ENTERTAINMENT SUPPLEMENTAL APPLICATION**

Name of Applicant's (include all DBAs): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

1. How long in business and how long under current management: \_\_\_\_\_

2. Name and titles of all principals: \_\_\_\_\_

3. If coverage is desired for additional insureds, please list all and relationship with Named Insureds:

**Additional Insureds**

**Relationship to Named Insured**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please describe applicant's business and subject matter to be insured: \_\_\_\_\_

5. Is the Applicant involved in any other profession than the one described in question 4? **If yes**, please explain: \_\_\_\_\_

6. Clearance Procedures:

a. Name, address and phone number of attorney who clears literary, musical and other materials:	
b. Type and length of experience of attorney:	
c. Briefly describe clearance procedure:	
d. Policy and procedure for unsolicited materials:	
e. Are submission agreements used? If so, please attach a copy.	

7. Does the applicant clear the following rights?

	Yes	No
Copyright Holder		
Author/Writer		
Persons appearing or depicted in the work		
Business depicted in the work		
Owner of any products, including trademarks, depicted in the work or used as part of the performance		
Music Owners		

8. Does the Applicant obtain work for hire agreements? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

9. Does the Applicant obtain song split agreements up front before any collaboration takes place? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

10. Applicant is a:

- ☐ Composer and/or Lyricist  
☐ Music Publisher  
☐ Performer

11. Provide estimated, current and prior year's total annual gross receipts from music composing and/or publishing from the following sources:

	Estimated	Current	Prior
<b>Music Publishing</b>			
<b>Mechanical Royalties</b>			
<b>Performance Royalties</b>			
<b>Sheet Music</b>			
<b>Motion Picture or TV Production</b>			
<b>Theatrical Stage Productions</b>			
<b>Performances</b>			
<b>Foreign (not included above)</b>			
<b>Other</b>			

12. If Applicant is a Music Artist or Musical Group, please list the following on a separate sheet:

- Names of all individuals presently comprising Artist or Musical Group.
- Names of any individuals previously comprising Artist or Musical Group. (This should include any other musical group and its members, in which the individual was a member).
- Names of any past or present members who compose or have composed the music to be insured.
- If any past or present members of Applicant, or any other individuals, contribute or have contributed in any way to the compositions to be insured, please describe the contribution to any composition of these individuals.
- Does the Applicant compose his/her own music? ☐ Yes ☐ No
- Is there any agreement in writing between the past or present members of Artist regarding their contribution to the compositions to be insured? **If yes**, please explain. ☐ Yes ☐ No

13. The music to be insured is:

- ☐ Musical Compositions
- ☐ Music for Motion Pictures, TV Productions, or Other Audio Visual Work
- ☐ Music for Stage Productions
- ☐ Other

14. Number of Compositions in the Applicant's catalog: \_\_\_\_\_  
Please provide a copy of the catalog.

15. Number of:

- a. Mechanical & Synchronized Licenses granter per year: \_\_\_\_\_
- b. Compositions published in sheet or folio form per year: \_\_\_\_\_

16. Average number of additional compositions:

- a. Acquired per year: \_\_\_\_\_
- b. Composed per year: \_\_\_\_\_

17. Attach standard forms of songwriter's agreements utilized by the applicant.

18. Percentage of:

- a. Public Domain Compositions in Catalog: \_\_\_\_\_
- b. Original Compositions in Catalog: \_\_\_\_\_

19. Does the Applicant license mechanical rights?

☐ Yes ☐ No

- ☐ Through Harry Fox Organization?
- ☐ Directly?
- ☐ By Publisher?

20. Does the Applicant administer the music library or catalog to be insured?

☐ Yes ☐ No

If yes, list the name and phone number of the person who is responsible: \_\_\_\_\_

\_\_\_\_\_  
If no, please list the following:

Company or Individual or contact person(s): \_\_\_\_\_

\_\_\_\_\_  
Address and phone number of individual or contact person: \_\_\_\_\_

\_\_\_\_\_  
Basic Terms: \_\_\_\_\_

21. Describe process of review of new compositions to check for potential copyright infringements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Are compositions reviewed by an individual with an expertise in music?

☐ Yes ☐ No

23. If a potential concern is uncovered, how is this concern addressed? \_\_\_\_\_

\_\_\_\_\_

24. Is a musicologist ever used to review new compositions? ☐ Yes ☐ No

If yes, please describe circumstances and list name of phone number of individual(s) typically used:

\_\_\_\_\_

\_\_\_\_\_

If no, please explain why not: \_\_\_\_\_

\_\_\_\_\_

25. Is sampling (music or sounds) ever used in the work of the Applicant? ☐ Yes ☐ No

a. What are the Applicant's practice, policy and procedure relating to these samples?

\_\_\_\_\_

\_\_\_\_\_

b. Are licenses obtained from the owner of the source material? ☐ Yes ☐ No

If no licenses are obtained, please explain when they are and not and why:

\_\_\_\_\_

26. Has a title report been obtained from any of the title clearance services? ☐ Yes ☐ No

If yes, please indicate the name of the service and attach a copy of the report. \_\_\_\_\_

\_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

27. Prior Insurance:

Provide full particulars of all similar insurance requested carried in the past five (5) years:

Company	Policy Period	Limits	Deductible	Retro Date

Has the Applicant been declined similar insurance in the past? ☐ Yes ☐ No

Has the Applicant's insurance been cancelled or non-renewed in the past? ☐ Yes ☐ No

Limits of Liability Desired	Deductible

28. Claims:

Applicant represents that neither his/her/its counsel, its partners, officers, directors, senior employees nor any person proposed for this insurance have any knowledge actual or constructive; of any suits or claims or legal proceedings made or commenced against the Applicant, or any of its officers, directors, agents privacy, plagiarism, piracy, infringement of copyright (statutory or common law), breach or implied contract out of the alleged submission of any literary, musical or other material, or unfair competition.

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Of any existing or threatened claim or legal proceedings of any kind based up any work(s) to be insured or any material contained in or upon such work(s) is based, that would be covered by the policy requested by this application.

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Of any fact, inquiry, circumstance or prior negotiation which might reasonably lead to a claim or legal proceeding instituted against the Applicant that would be covered by the policy requested by this application.

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated. Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:

1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.
2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy.
3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, error, omission or circumstance might reasonably be expected to be the basis of a claim.
4. The policy applied for provides coverage on a claims made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability.

**Attention - Applicants in AR, CO, DC, KY, NJ, NM, NY, OH, OK, VA:**

*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 may also be subject to a civil penalty.*

*In California: 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*

***In Colorado:*** 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.

***In Florida:*** 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.

Also provide: Agent Name: \_\_\_\_\_ Agent License #: \_\_\_\_\_

***In Iowa and New Hampshire:***

Provide: Producer Signature \_\_\_\_\_ Date: \_\_\_\_\_

***In Maryland:*** Any person who, knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

***In Pennsylvania:*** 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.

***In Washington, Maine, Louisiana and Tennessee:*** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company (including false information in an application for insurance and claim for payment of loss or benefit). Penalties include imprisonment, fines and denial of insurance benefits.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

**THIS SUPPLEMENTAL APPLICATION IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS PROFESSIONAL LIABILITY POLICY APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS MADE AS IN THE BASIC APPLICATION.**

**This Application must be signed by the Applicant.**

\_\_\_\_\_  
Signature Title Date

**NOTE:** This Application including any material submitted herewith shall be treated in strictest confidence.

Please submit this Application including appropriate documentation to:

Great American Insurance Group, Professional Liability Division