

## Music Professional Liability Application

**Recording Companies**  
**Music Publishing Companies**  
**Musical Artists: Arrangers • Composers • Lyricists • Musicians • Musical Producers**  
**Performing Artists and Groups**

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. **All questions must be answered completely. All requested attachments must be included.**

**SECTION I – Music Activities:** Complete Applicable Section(s) - Recording Company (Section A), Music Publishing Company (Section B) or Musical Artist (Section C). All **Applicants** must then complete **SECTIONS II and III.**

### **A. Music Recording Company**

Please submit the following information with your Application. Attach Additional Sheet If Necessary

- 🎵 Catalog of signed recording artists/groups and compositions and recordings;
- 🎵 Specimen copy of contract used with recording artists/groups;
- 🎵 **Applicant's** marketing materials regarding **Applicant's** recordings; and
- 🎵 Current loss run of open and closed claims involving the **Applicant** and/or any of its musical artists/groups during 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

All subsidiaries (ownership greater than 50%) applying for coverage under this Policy \_\_\_\_\_

\_\_\_\_\_

—

Websites over which the **Applicant's** recordings are disseminated \_\_\_\_\_

—

Names of musical artists/groups for whom music is recorded and distributed \_\_\_\_\_

—

—

Musical Artists'/ Groups' Label History for past 10 years \_\_\_\_\_

2. Gross Annual Revenues from distribution activities: United States: \$ \_\_\_\_\_
- Canada: \$ \_\_\_\_\_
- International: \$ \_\_\_\_\_

Identify any international distribution network by country, outside the United States and Canada. \_\_\_\_\_

Percentage of revenues derived from:

\_\_\_\_\_ % Sound Recordings (includes distribution)

\_\_\_\_\_ % Musical Performances

\_\_\_\_\_ % Videos

\_\_\_\_\_ % Other (Describe) \_\_\_\_\_

3. **Coverage Terms Sought Under This Policy** (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ \_\_\_\_\_ Retention \$ \_\_\_\_\_

Is coverage needed for music videos embodying **Applicant's** recordings?  Yes  No

4. Is **Applicant** a member of any music associations? If so, please identify:

\_\_\_\_\_

—

Is **Applicant** a member of, or represented by:

\_\_\_\_\_ ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_ Other \_\_\_\_\_

5. Number of:

\_\_\_\_\_ Master Recordings in catalog

\_\_\_\_\_ Master Recordings produced and released annually

\_\_\_\_\_ Mechanical & Synchronization licenses utilized annually

6. Please identify percentages of recordings, and revenues derived therefrom, in **Applicant's** catalog :

_____ %	_____ \$	Children's Songs	_____ %	_____ \$	Pop
_____ %	_____ \$	Classical Music	_____ %	_____ \$	Rap/Hip Hop
_____ %	_____ \$	Country	_____ %	_____ \$	Religious Music/Gospel
_____ %	_____ \$	Folk	_____ %	_____ \$	Rhythm & Blues
_____ %	_____ \$	Hard Rock	_____ %	_____ \$	Rock
_____ %	_____ \$	Jazz	_____ %	_____ \$	Serious (Operas, Chorales, etc.)
_____ %	_____ \$	Other	_____		

7. Percentage of recordings or arrangements that are:

\_\_\_\_\_ % Original                      \_\_\_\_\_ % Licensed from third parties

8. **Applicant's** top revenue generating recordings and dates of release:

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

9. 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 \_\_\_\_\_

10. **Clearance Procedures and Operations**

Does **Applicant's** musical artists/ groups sample other music?  Yes  No

If "yes," what are the policies and procedures utilized in connection with sampling: \_\_\_\_\_

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Does **Applicant** maintain written contracts or agreements with persons providing content or services for any of **Applicant's** recordings, other than contracts or agreements with musical groups?

Yes  No

If "yes," provide a specimen copy of the contract wording)

Does **Applicant** require any person providing original content 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

### **B. Music Publishing Company**

Please submit the following information with your Application. Attach Additional Sheet If Necessary.

 Catalog of compositions;

 Sample agreements with musical artists; and

 Current loss run of open and closed claims involving the **Applicant** during 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

All subsidiaries (ownership greater than 50%) applying for coverage under this Policy \_\_\_\_\_

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Websites over which the **Applicant's** musical works are marketed \_\_\_\_\_

2. Gross Annual Revenues from licensing: United States: \$ \_\_\_\_\_

Canada: \$ \_\_\_\_\_

International: \$ \_\_\_\_\_

Identify any international licensing network by country, outside the United States and Canada. \_\_\_\_\_

Percentage of revenues derived from:

\_\_\_\_\_ % Other Music Publishing Activities (Describe) \_\_\_\_\_

\_\_\_\_\_

3. **Coverage Terms Sought Under This Policy** (Note: The Retention applies to loss and defense costs)

Limits of Liability \$ \_\_\_\_\_ Retention \$ \_\_\_\_\_

4. Is **Applicant** a member of any music associations? If so, please identify: \_\_\_\_\_

\_\_\_\_\_

Is **Applicant** a member of, or represented by:

\_\_\_\_\_ ASCAP \_\_\_\_\_ BMI \_\_\_\_\_ SESAC \_\_\_\_\_ Other \_\_\_\_\_

5. Number of:

\_\_\_\_\_ Musical works in catalog

\_\_\_\_\_ Mechanical & Synchronization licenses granted annually

6. Please identify percentages of musical works and revenues derived therefrom, in **Applicant's** catalog :

_____ % _____	\$ Children's Songs	_____ % _____	\$ Pop
_____ % _____	\$ Classical Music	_____ % _____	\$ Rap/Hip Hop
_____ % _____	\$ Country	_____ % _____	\$ Religious Music/Gospel
_____ % _____	\$ Folk	_____ % _____	\$ Rhythm & Blues
_____ % _____	\$ Hard Rock	_____ % _____	\$ Rock
_____ % _____	\$ Jazz	_____ % _____	\$ Serious (Operas, Chorales, etc.)
_____ % _____	\$ Other	_____	

7. **Applicant's** top revenue generating compositions and dates of release:

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

8. **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 matters involving musical works?  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 \_\_\_\_\_

### **9. Clearance Procedures and Operations**

Does **Applicant** maintain written contracts or agreements with musical artists (song writers, composers, arrangers, lyricists) from whom they license musical works?  Yes  No

a. Does **Applicant** require the musical artist to represent and warrant that the musical work is original?

b. Does the agreement between the **Applicant** and the musical artist require the songwriter to defend and indemnify the **Applicant** for claims arising from the musical work?  Yes  No

c. Does the agreement require the musical artist to provide proof of liability insurance for songwriting, composition or promotional activities?  Yes  No

### **C. Musical Artist**

Please submit the following information with your Application. Attach Additional Sheet if Necessary.

 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 during 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: \_\_\_\_\_

4. Gross Annual Revenues from music activities:

United States: \$\_\_\_\_\_

Canada: \$\_\_\_\_\_

International: \$\_\_\_\_\_

Identify international music activities, by country, outside the United States and Canada. \_\_\_\_\_

\_\_\_\_\_

5. Percentage of revenues derived from:

\_\_\_\_\_ % Music Writing

\_\_\_\_\_ % Sound Recordings (includes distribution)

\_\_\_\_\_ % Music Performing

\_\_\_\_\_ % Videos

\_\_\_\_\_ % Other (Describe) \_\_\_\_\_

6. **Coverage Terms Sought Under This Policy** (Note: The Retention applies to loss and defense costs)

Limits of Liability \$\_\_\_\_\_

Retention \$\_\_\_\_\_

**Applicant's** work(s) to be covered under this Policy, including videos embodying the work and website(s) devoted to the work(s)\_\_\_\_\_

\_\_\_\_\_

Is merchandising coverage needed for the **Applicant's** work set forth above

Yes  No

7. Is **Applicant** a member of any music associations or unions? If so, please identify: \_\_\_\_\_

\_\_\_\_\_

-

Is **Applicant** a member of, or represented by:

\_\_\_\_\_ ASCAP      \_\_\_\_\_ BMI      \_\_\_\_\_ SESAC      \_\_\_\_\_ Other \_\_\_\_\_

8. Does **Applicant** license mechanical rights?  Yes  No

If "yes," through Harry Fox  Yes  No      Directly  Yes  No      Others  Yes  No

If "others," please identify: \_\_\_\_\_

9. Number of:

- \_\_\_\_\_ Compositions in catalog
- \_\_\_\_\_ Master Recordings in catalog
- \_\_\_\_\_ Master Recordings produced and released annually
- \_\_\_\_\_ Compositions published in sheet or folio form annually
- \_\_\_\_\_ Mechanical & Synchronization licenses granted annually

10. Percentages of recordings in **Applicant's** catalog:

- |                          |  |
|--------------------------|--|
| _____ % Children's Songs | _____ % Pop                              |
| _____ % Classical Music  | _____ % Religious Music                  |
| _____ % Country          | _____ % Rhythm & Blues                   |
| _____ % Folk             | _____ % Rock                             |
| _____ % Hard Rock        | _____ % Serious (Operas, Chorales, etc.) |
| _____ % Jazz             | _____ % Other _____                      |

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

**SECTION II - Insurance and Claim Information:** To Be Completed by all **Applicants**.

1. 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.

2. 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.

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

If “yes,” please advise \_\_\_\_\_  
\_\_\_\_\_

4. **(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 \_\_\_\_\_

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

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

	<u>Insurer</u>	<u>Policy Limits</u>	<u>Retention</u>	<u>Policy Term</u>	<u>Premium</u>
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.**

**SECTION III - REPRESENTATIONS:** To Be Completed by all **Applicants**.

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 \_\_\_\_\_