



# Music Professional Liability Application for Music Recording Companies

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 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
- 🎵 A 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 officially 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 \$ \_\_\_\_\_

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

10. **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 \_\_\_\_\_

11. **Clearance Procedures and Operations**

Do **Applicant's** musical artists/ groups 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 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

12. **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 \_\_\_\_\_