



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: _____

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:

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

_____ % Classical Music

_____ % Country

_____ % Folk

_____ % Hard Rock

_____ % Pop

_____ % Religious Music

_____ % Rhythm & Blues

_____ % 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:

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.

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 _____