

ENTERTAINMENT SUPPLEMENT

1. List the names of all attorneys who engage in the Entertainment area of practice.

Name	Position	Years of Experience
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List the top 10 Entertainment clients and work performed for each:

Client Name	Description of Work Performed
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

3. Does the firm, or any attorney in the firm, perform any of the following services:

- a. Negotiate the financing or distribution of products?..... Yes No
- b. Serve as the trustee of a client's trust?..... Yes No
- c. Manage estates?..... Yes No
- d. Act as business or investment manager?..... Yes No
- e. Offer investment advice?..... Yes No
- f. Serve as talent agent or manager?..... Yes No
- g. Accept a share of profits or payments to client in lieu of fees?..... Yes No

If yes to any of the above, please provide a detailed narrative.

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm:

Title:

Applicant's Signature:

Date:

Agent/Broker Name: Ahern Insurance Brokerage

Agent/Broker License Number:

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION