



**APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
ENTERTAINMENT SUPPLEMENT**

Complete this supplement if the Firm currently has any clients in the last 12 months who are or were in the entertainment field, including but not limited to social media personality, film, TV, cable, radio, podcast, music, literary arts, sports, fine arts, fashion, journalism, or any public figure.

Firm Name: _____

Policy Number: _____

1. What percentage of the firm's billable hours in the last 12 months is devoted to entertainment clients? _____%

2. Does the Firm, or any attorney for whom coverage is sought,

- a. negotiate personal appearances or product endorsements for the applicant's clients? Yes No
- b. negotiate the financing or distribution of products? Yes No
- c. Serve or has ever served as the trustee of an entertainment client's trust?
If "Yes" please complete the Wills, Estate, Probate and Trust Supplement. Yes No
- d. ever accepted payment other than fees as compensation for legal services? Yes No
- e. have a written procedure for the handling of conflicts of interests specific to its entertainment clients? Yes No

If "Yes" to any of the above please provide details:

3. Provide the following information for all of the Firm's entertainment clients in the last 3 years:

Name of Client	Client's Profession or Industry	% of Firm's Last Annual Total Gross Billings from this Client	List year of first affiliation	List the specific Area of Practice & Legal Services rendered for this Client	Name of Attorney(s) rendering Legal Services for this Client	Business Relationship with Client other than Legal Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manages Investments for Client? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authority to manage, spend or transfer funds or assets <input type="checkbox"/> Yes <input type="checkbox"/> No	Serves as Talent Agent or Manager in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Partner/Officer _____

Print Name _____

Date: _____