

eKo Specialty Insurance Services, Inc.

www.eKoSpecialty.com

Please e-mail the completed and signed application to: eKo@eKoSpecialty.com

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.

Applicant information	<u>1</u> — Identified as the Na	mea insurea.		
Name of Applicant: _				
Street Address		CS sharenessamen services		
City	s	tate/Province		
Zip/Postal Code	·			
Telephone	Fax		Web Address	
Year Established				
Corporation	☐ Partnership	Individual	☐ Joint Venture	
All subsidiaries (owners	ship greater than 50%) a	applying for coverage	under this Policy	

Websites over which the Applicant's recordings an	e disseminated	N	
		-	
Names of musical artists/groups for whom music is distributed			
Musical Artists'/ Groups' Label History for past 10 years			
Gross Annual Revenues from distribution activities:	United States	0	
2. Cross / Milder Novembes from distribution activities.	Canada:		
		\$	
	International:	\$; : x
Identify any international distribution network by cour		-	
Percentage of revenues derived from:			
			ibution)
		rmances	
		ribe)	-
. Coverage Terms Sought Under This Policy (Note:			
Limits of Liability \$			•
Is coverage needed for music videos embodying App			Yes No
. Is Applicant a member of any music associations? If	so, please iden	tify:	
Is Applicant a member of, or represented by:	<u> </u>		
ASCAP	ВМІ	SESAC	Other
Number of:			
Master Recordings in catalog			
Master Recordings produced and relea	sed annually		
Mechanical & Synchronization license		lv.	

	\$ Children's Songs	%	\$	Pop	
	\$ Classical Music	%			Нор
	\$ Country	%			
	\$ Folk	%			
		%	\$	Rock	
	\$ Jazz	%	\$	Serious	(Operas, Chorales
%	\$ Other				
7. Percentage of recordings	or arrangements that are:				
% Origina	al % Lice	ensed from third n	arties		
			ailles		
	enerating recordings and dates	or release:			
A 1977 TO A 1977					
9. Loss Prevention and Mana	agement				
	goment				
Music Counsel					
Name of counsel		Telephone			
	State/Province				
	Fax				A CARLO DE LA CARLO DEL CARLO DE LA CARLO DEL CARLO DE LA CARONDO DE LA CARLO
ls counsel on retainer?	ellectual property materials invo	Iving music?			☐ Yes ☐ No
					Yes No
				pyright iss	sues or attach a
Describe clearance pro	ocedures and routines for identi	fying and resolving	g any co		
	ocedures and routines for identilures.	fying and resolving	g any co		
Describe clearance pro	ocedures and routines for identi ures.	fying and resolving	g arry co		
Describe clearance proceduced	ocedures and routines for identi ures.	fying and resolvin	g any co		
Describe clearance procedure copy of written	nes.			-	
Describe clearance procedure copy of written	ocedures and routines for identinues.				
Describe clearance procedure copy of written procedure by the counsel of coun	nes.	Telephone			
Describe clearance procedured from the copy of written procedured from the copy of the cop	nes.	Telephone			
Describe clearance proceds copy of written proceds Business Counsel Name of counsel Name of firm City	State/Province	Telephone _Address ee	Zip/Pos	stal Code	
Describe clearance proceds copy of written proceds Business Counsel Name of counsel Name of firm City Telephone	State/ProvinceFax	Telephone _Address ee	Zip/Pos	stal Code	
Describe clearance procedures are	State/ProvinceFax	Telephone _Address eE-Mail _	Zip/Pos	stal Code	

	Does Applicant maintain written contracts content or services for any of Applican agreements with musical groups?			Yes	□No
	If "yes," provide a specimen copy of the	contract wording)			
	Does Applicant require any person providir	ng original content or se	ervices to:		
	a. indemnify Applicant for claims arisi provided?	ng out of such mat	erials or services	Yes	No
	b. provide proof of liability insurance for activities?	songwriting, composit	ion or promotional	Yes	□No
	Does Applicant have Comprehensive Ger and property damage relating to performance		e for bodily injury	Yes	☐ No
	<u>В. М</u>	usic Publishing Comp	pany		
	Please submit the following information w	vith your Application. A	ttach Additional Sheet I	f Necessary.	
	☐ Catalog of compositions; ☐ Sample agreements with musical artists; a ☐ Current loss run of open and closed claims		nt during the past five	(5) years.	
1	Applicant Information — Identified as the N	lamed Insured.			
	Name of Applicant:				
	Street Address		*	Waste Lie	
	City	State/Province	Zip/Postal Code _		Contract to the second
	TelephoneFax		Web Address		
	Year Established				
	Corporation Partnership	Individual	☐ Joint Vent	ture	
	All subsidiaries (ownership greater than 50% Policy				
-	Websites over which the Applicant's musica marketed				
=				-	
2.	Gross Annual Revenues from licensing:	United States:	\$		
		Canada:	\$		
		International:	\$		

	ge of revenues der % Other Music F		ribe)		
3. Coverage	e Terms Sought U	Inder This Policy (Note:	The Retention app	olies to los	s and defense costs)
4. Is Applica	ant a member of a	ny music associations? I	f so, please identify	/:	
ls Applic	ant a member of, o	or represented by:			
	ASCAP	ВМІ	SESAC	Othe	er
. Number of:			020/10		=1
. Number of	*				
	Musical work	s in catalog			
W-95	Mechanical &	Synchronization license	s granted annually		
		(-	3		
Please iden	itify percentages of	f musical works and rever	auga dariyad thawal		ωe σ si
. I leade lacif		\$ Children's Songs _			
		w Crindren's Sorigs _			
0			0/	•	Pop
· · · · · · · · · · · · · · · · · · ·	%	\$ Classical Music _			Rap/Hip Hop
	% %	\$ Classical Music _ \$ Country _	%	\$	Rap/Hip Hop Religious Music/Gospel
	%% %%	\$ Classical Music _ \$ Country _ \$ Folk _	% %	\$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues
	%% %%	\$ Classical Music _ \$ Country _ \$ Folk \$ Hard Rock	%% %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock
	%%_ %%_ %%_	\$ Classical Music\$ Country\$ Folk\$ Hard Rock\$ Jazz	%% % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
-	%%_ %%_ %%_	\$ Classical Music _ \$ Country _ \$ Folk \$ Hard Rock	%% % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
	%%_ %%_ %%_	\$ Classical Music\$ Country\$ Folk\$ Hard Rock\$ Jazz	%% % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
	%% % % %	\$ Classical Music _ \$ Country _ \$ Folk _ \$ Hard Rock _ \$ Jazz _ \$ Other _	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
	%% % % %	\$ Classical Music\$ Country\$ Folk\$ Hard Rock\$ Jazz	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	\$ Classical Music\$ Country\$ Folk\$ Hard Rock\$ Jazz\$ Other\$	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	\$ Classical Music _ \$ Country _ \$ Folk _ \$ Hard Rock _ \$ Jazz _ \$ Other _ rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	\$ Classical Music \$ Country \$ Folk \$ Hard Rock \$ Jazz \$ Other rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	\$ Classical Music \$ Country \$ Folk \$ Hard Rock \$ Jazz \$ Other rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	S Classical Music S Country S Folk S Hard Rock S Jazz S Other rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	%	S Classical Music S Country S Folk S Hard Rock S Jazz S Other rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e
Applicant's	% % % % % % top revenue gener	S Classical Music S Country S Folk S Hard Rock S Jazz S Other rating compositions and d	% % % %	\$ \$ \$	Rap/Hip Hop Religious Music/Gospel Rhythm & Blues Rock Serious (Operas, Chorales, e

	Name of firm		Address	
		State/Prov		
		Fax		
		intellectual property matters invo		☐ Yes ☐ N ☐ Yes ☐ N
	Describe clearance copy of written proce	procedures and routines for ider edures.	ntifying and resolving a	any copyright issues or attach
į	Business Counsel			
	Name of counsel		Telephone	
	City	State/Provi	nce Z	Zip/Postal Code
		Fax		
9. <u>C</u>	learance Procedures a			
а	irrangers, lyricists) from	n written contracts or agreeme whom they license musical work	rs?	Yes No
а	 Does Applicant req musical work is origin 	uire the musical artist to repre al?	esent and warrant th	at the
b.	Does the agreement songwriter to defend musical work?	between the Applicant and the and indemnify the Applicant	e musical artist requi for claims arising fro	re the m the Yes No
C.	Does the agreement insurance for songwrite	t require the musical artist to ting, composition or promotional	provide proof of li activities?	iability Yes No
		C. Musical Ar	tist	
	Please submit the fol	lowing information with your App	olication. Attach Additi	ional Sheet if Necessary.
נו. נו	Applicant's marketing	/recordings; act used with distributors; materials regarding Applicant's sen and closed music liability cla		
Anr	olicant Information — I	dentified as the Named Insured		
		dentined as the Nameu Insured		
		State/Provinc		Code
		Fax		
	or Established	-		

,	Corporation Artist's/Band's Name(s)	Partnership	☐ Individua		oint Venture
F	Recording Label History fo	or past 10 years			
-	Vebsites over which the A		distributed		
 2. Na	ame and title of all band n	nembers:			
. Ide	entify any <i>former</i> band me				
Gro	ss Annual Revenues fron	n music activities:	United States:	\$ \$	
lder	ntify international music a	ctivities, by country, o	International:	\$	*
Perc	entage of revenues deriv	ed from:			
-	% Music Writing% Music Perform% Other (Describ		% Video	S	cludes distribution)
Cove	erage Terms Sought Un	der This Policy (Not	e: The Retention a	pplies to loss an	d defense costs)
Appli	s of Liability \$		y, including videos	embodying the	Work and websits(a)
s mer	chandising coverage nee				☐ Yes ☐ No
s App	olicant a member of any	music associations or	unions? If so, ple		
 s App	licant a member of, or re	epresented by			
	_ ASCAP	BMI	SESAC	Other	

If "yes," through Harry			∐ Yes ∐ No
	y Fox 🗌 Yes 🔲 No	Directly Yes No	Others Yes No
If "others," please ide	entify:		
9. Number of:			
Compositions			
Master Recor			
Master Recor	rdings produced and rele	eased annually	
Compositions	s published in sheet or fo	olio form annually	
Mechanical &	Synchronization license	es granted annually	
0. Percentages of recordings	in Applicant's catalog:		
% Children's S	Songs	% Pop	
% Classical Mi	usic	% Religious Mus	ic
% Country		% Rhythm & Blue	es
% Folk		% Rock	
% Hard Rock		% Serious (Opera	
% Jazz		% Other	
	nerating works and date	sed from third parties	
	nerating works and date		
	nerating works and date		
Loss Prevention and Mana	nerating works and date	es of release:	
Loss Prevention and Mana Music Counsel Name of counsel	nerating works and date	es of release:Telephone	
Loss Prevention and Mana Music Counsel Name of counsel Name of firm City	agement State/F	es of release:Telephone AddressZi	p/Postal Code
Loss Prevention and Mana Music Counsel Name of counsel Name of firm City	agement State/F	es of release:Telephone AddressZi	
Loss Prevention and Mana Music Counsel Name of counsel Name of firm City	enerating works and date	es of release:Telephone AddressZiZiE-Mail	p/Postal Code

Name of counsel		_ Telephone	
Name of firm		Address	
City	State/Province	Zip/Pos	stal Code
Telephone	Fax	E-Mail	
Applicant's Manager			
Name of counsel	T	Telephone	
Name of firm		Address	
City	State/Province	Zip/Post	al Code
Telephone	Fax	E-Mail	
Number of years as Applica			
14. Clearance Procedures and Op			
Is a Musicologist used?			☐ Yes ☐ No
If "yes," please identify "w	ho" and describe the Applic	ant's policy and practice	(1.4.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Does Applicant sample other mus		stiem with a sure li	Yes No
- yee, what are the policies and p	procedures utilized in connec	tion with sampling:	
Does Applicant maintain written original music, lyrics, etc.?		ith persons providing	☐ Yes ☐ No
(If "yes," provide a specimen co	ppy of the contract wording)		
Does Applicant require persons pro	oviding original materials or s	services to:	
 a. Indemnify Applicant for cl provided? 	laims arising out of such r	naterials or services	☐ Yes ☐ No
b. provide proof of liabili promotional activities?	ty insurance for songwriti	ng, composition or	☐ Yes ☐ No
Does Applicant have Comprehens and property damage relating to perfe	ive General Liability Insura ormances and touring?	nce for bodily injury	☐ Yes ☐ No
CTION II - Insurance and Claim Info	rmation: To Be Completed	by all Applicants .	
Has the Applicant commenced suit, the past 10 (ten) years?	been sued or threatened v	vith litigation in	☐ Yes ☐ No

Business Counsel

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 _____ (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 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 ____ (Director, Partner or Principal) Signature _____ Date ____