

ENTERTAINMENT SUPPLEMENT

Firm Name: _____

1. List all entertainment (e.g. athletes, authors, designers, performers, publishers, etc., and public figures) clients of the Firm and the following information concerning them:

Client's Name	Field of Entertainment	Types and Dates of Services Provided	Still a Client?
			<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

2. Does the Firm or any member of the Firm for whom coverage is sought:
- a. Have a business relationship with any of the Firm's entertainment clients other than the providing of legal services? Yes No
 - b. Have the authority to write checks for any of the entertainment clients? Yes No
 - c. Provide investment advice or make investments for any of the entertainment clients? Yes No
 - d. Ever served as the trustee of the entertainment client's trust? Yes No
 - e. Negotiate personal appearances or product endorsements for the entertainment of clients? Yes No
3. Does the Firm or any related or controlled entity, or any attorney for whom coverage is sought serve as a manager or as a talent agent? Yes No
4. Does the Firm or any member for whom coverage is sought ever accept:
- a. Percentages of deals as compensation for legal fees? Yes No
 - b. Compensation in kind (e.g., copyrights) in return for legal services? Yes No
5. Do your procedures and conflict of interest system also apply to entertainment clients? Yes No

If "Yes" to any part of Questions 2, 3 or 4 above, please furnish complete details.

NOTICE

Applicant understands the information submitted herein becomes a part of the Applicant's Lawyer Professional Liability Insurance Application or Renewal Application and is subject to the same representations and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECIEVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE: This supplement is attached to and forms a part of the Lawyers Professional Liability Insurance Policy Application and is subject to the same representations and conditions.

Must be signed and dated by a Partner, Principal, Director or Officer as duly authorized on behalf of the Applicant.

Signature of Partner, Principal, Director or Officer

Title

Date

Print Name: _____