



MUSIC INSURANCE APPLICATION

1. GENERAL INFORMATION

1) Name of Organization or Legal Entity (Applicant):

(please show complete name as you wish it to appear on the policy)

2) Address (Not P.O. Box):

If you require cover for any subsidiary companies you must name them below, and include the subsidiary information in all answers.

3) Name & Address of all subsidiaries:

4) Website: _____

5) Date Firm was established: _____

2. REVENUE INFORMATION

6) Gross annual revenue from music activities:

| JURISDICTION | ANNUAL INCOME |
|--|---------------|
| CANADA: | \$ _____ |
| USA: | \$ _____ |
| ELSEWHERE (please specify countries) _____ | \$ _____ |
| TOTAL: | \$ _____ |

3. PREVIOUS INSURANCE INFORMATION

7) If you currently have E&O insurance, please complete the following:

Limit of Liability: _____

Retroactive Date: _____

Deductible: _____

Premium: _____

4. COVERAGE REQUIRED

8) Limit of indemnity required: \$250,000 \$500,000 \$1,000,000 Other: \$ _____

5. BUSINESS ACTIVITIES

9) Your gross revenue split from music activities:

Performing _____% Recording _____%
 Song writing _____% Distribution _____%
 Other – please specify: _____%

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10) Percentage of your recordings or arrangements that are:

Original ____%

Licensed from third parties ____%

11) Total number of compositions in your back catalogue: _____

12) Approximately how many additional compositions do you add each year? _____

13) Your top revenue generating works and dates of release:

| Name | Date of Release | Gross Revenues Generated to Date |
|------|-----------------|----------------------------------|
| | | |
| | | |
| | | |
| | | |

14) Approximate percentage of recordings in your catalogue:

Pop/Rock ____% Country ____% Classical ____% Jazz ____%

Other (please specify) _____ %

15) Do you sample music of others? YES NO

If 'Yes', please describe your procedures with respect to clearing samples:

6. CLAIMS DECLARATION

16) Do you have knowledge or information regarding any fact, circumstance, situation, event, incident or transaction which may give rise to a claim or loss against you, under the proposed insurance? YES NO

This includes:

- a complaint, direct or indirect criticism or dispute whether express or implied about your work, or anything you have supplied (whether justified or not), which you cannot reasonably rectify or remedy;
- a client withholding payment due to you following a complaint or an awareness of a failing or problem with your work, which you cannot reasonably rectify or remedy;

17) Have you sustained any losses or been subject to any claims in the past five years which would be covered under the proposed insurance? YES NO

18) After enquiry, are your management aware of any loss from the actual or suspected dishonesty or malice of any employee or self- employed freelancer? YES NO

If YES to any of the above, please provide full details below:

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

7. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley’s related or affiliated companies and service providers.

Further information about Beazley’s personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

8. WARRANTY STATEMENT

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

You agree that if the information supplied on this proposal changes between the date of this proposal and the effective date of the insurance, you will, in order for the information to be true, complete and not misleading on the effective date of the insurance, immediately notify us of such changes, and we may withdraw or modify any terms including agreements to bind the insurance.

I confirm that the statements are true, complete and not misleading.

****This Application must be signed by the Board Member, Director, Officer or Senior Manager of the Company.**

SIGNED: _____
(Authorized Representative)*

DATE: _____

(Please Print): _____

TITLE/POSITION: _____