

**HUDSON EXCESS INSURANCE COMPANY**

**LAWYERS  
ENTERTAINMENT SUPPLEMENTAL APPLICATION**

Name of Applicant Firm: \_\_\_\_\_

1. List all entertainment (e.g., athletes, performers, authors, designers, etc., and public figures) clients of the firm for the past five (5) years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Does the firm, or any attorney for whom coverage is sought, negotiate personal appearances or product endorsements for the applicant's clients? .....  Yes  No

3. Does the firm, or any attorney for whom coverage is sought, negotiate the financing or distribution of production? .....  Yes  No

4. Has any attorney, for whom coverage is sought, ever served as the trustee of an entertainment client's trust? .....  Yes  No

5. Does the firm, or any attorney for whom coverage is sought, have a business relationship with any of the applicant's entertainment clients other than the providing of legal services? .....  Yes  No

6. Does the firm, or any attorney for whom coverage is sought, provide investment advice to any of the applicant's entertainment clients? .....  Yes  No

7. Does the firm, or any attorney for whom coverage is sought, make investments for any of the entertainment clients? .....  Yes  No

8. Does the firm, any related or controlled entity, or any attorney, for whom coverage is sought, serve as a talent agent or manager? .....  Yes  No

9. Does any attorney, for whom coverage is sought, have the authority to write checks for any of the applicant's entertainment clients? .....  Yes  No

10. Does the firm, or any attorney for whom coverage is sought, ever accept percentages of deals as compensation for legal services? .....  Yes  No

11. Does the firm, or any attorney for whom coverage is sought, ever accept compensation in kind (e.g. copyrights) in return for legal services? .....  Yes  No

12. Does the applicant have a written procedure in their office for handling conflicts of interest in the entertainment field? .....  Yes  No  
(If "No", please explain on a separate sheet of paper and attach to this supplemental application).

If you answered "Yes" to any of questions 5-12 in this supplemental application, please describe the services you perform for the entertainment clients: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

THIS SUPPLEMENTAL APPLICATION ATTACHES TO AND BECOMES A PART OF THE APPLICATION. THIS INFORMATION WILL ATTACH TO AND FORM A PART OF THE POLICY, IF A POLICY IS ISSUED. ADDITIONAL INFORMATION MAY BE REQUIRED BY INSURERS. AFTER INQUIRY OF THE FIRM'S MANAGEMENT/EXECUTIVE COMMITTEE, THE UNDERSIGNED DECLARES THIS INFORMATION IS TRUE AND ACCURATE.

## FRAUD WARNINGS

**To All Prospective Insureds:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties in many states.

### To Prospective Insureds In:

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia and Louisiana:** "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

**Florida:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Oklahoma:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Kansas:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Maine, Tennessee, Virginia, and Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Oregon:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which may be a crime and subjects such person to criminal and civil penalties in many states.

### SIGNATURE AND AUTHORIZATION

This Application must be signed and dated by a Principal or Officer of the Applicant Firm. Signing this Application will not bind nor obligate the Company to complete this insurance, but it is agreed the applicant's responses to the questions contained in this Application, as well as all attachments, are material and the underwriting Company will rely on these responses and information in the event a policy is issued.

\_\_\_\_\_  
Signature of Principal or Officer of Applicant Firm: Date: \_\_\_\_\_

\_\_\_\_\_  
Producer's Name: Area Code: Phone Number: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_  
(Applicable to Florida Agents Only)

Iowa Licensed Agent: \_\_\_\_\_  
(Applicable to Iowa Agents Only)

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicable to New Hampshire Producers Only)=