Entertainment Supplement

Firm	Name:	Policy Number:	
1.	List all entertainment (e.g., athletes, performers, publishers, authors, designers etc., and public figures) clients of the firm (attach supplemental sheet if necessary) during the past 5 years:		
2.	Does the firm, or any attorney for whom coverage is soug product endorsements for the applicant's clients?		☐ Yes ☐ No
3.	Does the firm, or any attorney for whom coverage i distribution of productions?		☐ Yes ☐ No
4.	Has any attorney, for whom coverage is sought, ever ser client's trust?		☐ Yes ☐ No
5.	Does the firm, or any attorney for whom coverage is sou any of the applicant's entertainment clients other than the		☐ Yes ☐ No
6.	Does the firm, or any attorney for whom coverage is soug the applicant's entertainment clients?		☐ Yes ☐ No
7.	Does the firm, or any attorney for whom coverage is so entertainment clients?		☐ Yes ☐ No
8.	Does the firm, any related or controlled entity, or any a serve as a talent agent or manager?		☐ Yes ☐ No
9.	Does any attorney, for whom coverage is sought, have t the applicant's entertainment clients?		☐ Yes ☐ No
10.	Does the firm, or any attorney for whom coverage is sou as compensation for legal services?		☐ Yes ☐ No
11.	Does the firm, or any attorney for whom coverage is sou (e.g. copyrights) in return for legal services?		☐ Yes ☐ No
12.	Does the applicant have a written procedure in their office entertainment field?		☐ Yes ☐ No
13.	If you answered "Yes" to any of questions 5-12 in this supplemental application, please describe the services you perform for the entertainment clients.		
x_			
Sign	ature of Owner, Partner, or Principal	Title	Date