Virginia Entertainment Law – Supplemental Application For Lawyers Professional Liability Insurance Policy



AMERICAN GUARANTEE AND LIABILITY INSURANCE COMPANY

THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. IF ISSUED, PLEASE READ YOUR POLICY CAREFULLY.

Name of Applicant:						
	s document is part of the application for Lawyers F ufficient to answer any question fully, attach a sepa		ability Insurance Policy. Answer a	II question	s. If space is	
EN [°]	TERTAINMENT LAW INCLUDES ANY WORK PE	RFORMED O	N BEHALF OF SPORTS AND SHO	OW BUSIN	ESS CLIENTS.	
1.	Please provide the following information for all Attorneys engaged in entertainment work in the last five (5) years.					
	Attorney Name		# of Years of Experience in Entertainment	% (of Time Devoted to Entertainment	
			Littertailment		Lintertailment	
_						
2.	Please provide the following information for all of the Applicant's entertainment clients. Attach separate sheet if necessary. Name of Client Services Provided* # of Years Firm has					
	Name of Sheri	,	oci vices i iovided		sented the client	
	* Services Provided: L - Pure legal advice only C - Employment – contract negotiation FM - Financial management services E - Endorsement – contract negotiation non-en	O -Other (I	al advice t negotiation non-employment, nor Explain on separate sheet)	n-endorsen	nent	
3.	On a separate page, provide full details with regard to any entertainment client for whom the Applicant has in the last five (5) years provided or intends to provide in the future financial management or financial advice.					
4.	Does the firm or any Attorney identified in the answer to Question 1 above receive any remuneration Whatsoever other than legal fees (including but not limited to shares, share of future profits, endorsements, percentages, etc.)? If <i>YES</i> , provide details on a separate sheet.					
5.	On a separate sheet, detail what steps are taken to protect the Applicant's clients and the Applicant from Yes No claims pertaining to entertainers with high public profiles.					
6.	Does the firm or any financially connected entity act as a business manager or agent for any entertainment Yes No clients? If <i>YES</i> , please provide full details on a separate sheet.					
7.	Does any Attorney have any authority to write or If YES, please provide full details on a separate s	☐ Yes ☐ No				
8.	Does any Attorney currently have Power of Attorned If YES, provide details concerning the scope of a sheet.	☐ Yes ☐ No				
9.	Does the Applicant require the use of retainer agreements? If YES, does the retainer agreement outline the scope of services to be provided?					

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Virginia fraud warning: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

Signature: _		Date:
	Principal, Partner or President	
Print Name:		Title:
Signature: _		Date:
J _	Agent	