

**LAWYERS PROFESSIONAL LIABILITY INSURANCE  
 ENTERTAINMENT SUPPLEMENT**

**Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389**

Please complete this supplement if any lawyer listed on the application shows a percentage in the Entertainment area of practice.

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

1. Provide the following regarding the firm's Entertainment clients in the past twenty-four (24) months.

Type of Client	Number of Clients	Percentage of Fees	Clients
Journalism			
Motion Pictures			
Music Industry			
Musicians/Performers			
Product Representation			
Publishing			
Radio			
Sports			
Television			
Theater			
Other (Specify):			

If additional space is needed, please attach a separate sheet.

2. With respect to any Entertainment client, within the past six (6) years, has any lawyer or employee of the firm or any predecessor firm:

- a. Acted as a business manager? ..... Yes  No
- b. Managed finances/money? ..... Yes  No
- c. Acted as an Agent? ..... Yes  No
- d. Made or recommended any financial investments? ..... Yes  No
- e. Controlled any assets? ..... Yes  No
- f. Arranged financing for any project or venture? ..... Yes  No
- g. Negotiated any contract? ..... Yes  No

**If yes to any of the above, please explain on a separate sheet.**

3. Are engagement letters provided to all Entertainment clients? ..... Yes  No

4. Does the applicant accept a percentage of profits/billings in lieu of fees? ..... Yes  No

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_ Title: \_\_\_\_\_