



Application for Music

Notice: If coverage is issued, it will be on a claims-made basis. This insurance coverage provides that the policy limit available to pay damages shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Section 1 – Your business

1. Name of applicant:

Address:

Zip code: Website:

Telephone: Email:

When was your business established?

2. You are:

Artist/performer	<input type="checkbox"/>	Recording company	<input type="checkbox"/>
Producer of audio recordings	<input type="checkbox"/>	Music publisher	<input type="checkbox"/>
Distributor of audio recordings	<input type="checkbox"/>	Songwriter	<input type="checkbox"/>
Other – please specify:	<input type="text"/>		<input type="checkbox"/>

3. Please provide your total number of staff:

Your gross revenue

4. Please provide your gross revenue, including fee income and where it comes from in the table below:

Performance	\$	Recording	\$
Music publishing	\$	Producing	\$
Song writing	\$	Distribution	\$
Other – please specify:			\$

5. Please provide the number of compositions in your catalog:

6. On average, how many additional musical compositions do you add each year?

7. What is the estimated percentage of each musical composition in your catalog by category:

Pop	%	Religious	%
Rock	%	R&B	%
Country	%	Jazz	%
Other – please specify:			%



Application for Music

8. What is the percentage of the following in your catalog?

Public domain musical compositions	%
Original musical compositions	%
Arrangements of public domain musical composition	%

9. Please list your current top selling recording artists:

1.	
2.	
3.	
4.	
5.	

10. Please list your top five selling albums in the past year:

1.	
2.	
3.	
4.	
5.	

11. Please list any languages, other than English, used in your musical compositions:

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Section 2 – Risk management procedures

12. Do you obtain licenses and consents from:

- a. Songwriters of musical compositions: Yes No
- b. Other music owners, including the rights for:
- Lyrics Yes No
 - Music Yes No
 - Recording or mechanical rights Yes No
 - Synchronization rights Yes No
 - Performance rights Yes No
 - Soundtrack, CD, cassette Yes No
 - Videotape, videocassette or videodisc Yes No
- c. Performers: Yes No

If No to any questions in 12.a.-c. above, please explain:

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Application for Music

13. Do you sample music of others? Yes No

If Yes, please describe your procedures with respect to clearing sampled music:

14. Do you consult with a musicologist with respect to original music created? Yes No N/A

If Yes, please describe your policy and practice regarding the use of a musicologist to review musical compositions. If No, please explain:

15. Please describe your policy and practice regarding legal review of material prior to dissemination:

16. Please provide the name and telephone number of your in-house counsel.

Name:

Telephone:

17. Do you retain outside counsel for advice regarding potential liabilities arising out of the production or dissemination of material? Yes No

If Yes, please provide the following:

Name of firm:

Principal contact:

Approximate number of hours billed per month:

Section 3 – General matters

Claims declaration

18. a. In the past ten (10) years, have you or your subsidiaries suffered any loss or has any claim (whether successful or not) ever been made against you arising out of the content of any material published and/or broadcast by you or otherwise that falls within the scope of proposed coverage? Yes No

If Yes, please provide full details:



Application for Music

- b. Are you or any subsidiaries aware of any facts, circumstance(s), or situation which could reasonably lead to you suffering a loss, or claim being made against you that falls within the scope of the proposed coverage?

Yes No

If Yes, please provide full details:

Supplemental information

Please attach the following additional information:

- Standard contracts with songwriters, distributors, and employees;
- Contracts with entities from which you obtained hold harmless agreements;
- Experience resumes of your principal officer and partners, if less than three (3) years experience; and
- Any general information that you feel may be relevant to our consideration of your request for insurance.

Declaration

I declare that this application form has been completed after proper inquiry and, based on this inquiry, I declare the application contents are true, accurate, and not misleading.

I declare that I will immediately notify Hiscox, before any contract of insurance is concluded, of any additional information that might render the contents of this application untrue, inaccurate, or misleading, or if any new fact or matter arises which is material to the consideration of this application for insurance.

I declare that I understand and agree that if any of the contents of this application are untrue, inaccurate, or misleading, in any material respect, or if I fail to notify Hiscox of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then Hiscox is entitled to rescind any policy issued pursuant to this application.

I declare that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by Hiscox pursuant to this application.

I declare that by signing this application I am representing and warranting that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.



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Signature

Date (mm/dd/yyyy)

Title:

A copy of this application should be retained for your records.