



# Hiscox Insurance Company Inc. 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, and may be completely exhausted by such amounts. We shall not be liable for defense costs or for the amount of any judgement or settlement after exhaustion of the policy limit. 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  Recording company   
 Producer of audio recordings  Music publisher   
 Distributor of audio recordings  Songwriter

Other – please specify:

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	\$
Royalties	\$		
Other – please specify:			
Total	\$		

5. Will you be releasing a new album this year? Yes  No

6. Will you be going on tour this year? Yes  No

If **Yes**, please provide details:

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

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



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9. What is the estimated percentage of each musical composition in your catalog by category?

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

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

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

11. Please list your current top selling recording artists:

1.	
2.	
3.	
4.	
5.	

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

1.	
2.	
3.	
4.	
5.	

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

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**Section 2 – Risk management procedures**

14. 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



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c. Performers: Yes  No

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

15. Do you sample music of others? Yes  No

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

16. 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:

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

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

Name:

Telephone:

19. 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 representation

20. 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



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If Yes, please provide full details:

- 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:

Signature

/ /

Date

Title

0762658

Agent's licence number

Giovanni Cuarez – American Entertainment Insurance Services

Agent's name

## 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.

## Representation

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

I represent 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 represent that I understand and agree that if any of the contents of this application are intentionally 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.



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I represent 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 represent that by signing this application I am representing 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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**NOTICE TO ALASKA RESIDENT APPLICANTS:** A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

**NOTICE TO ARKANSAS RESIDENT APPLICANTS:** 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 may be guilty of a crime and subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA RESIDENT APPLICANTS:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO COLORADO RESIDENT APPLICANTS:** 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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DELAWARE RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO DISTRICT OF COLUMBIA RESIDENT APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, any insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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

**NOTICE TO HAWAII RESIDENT APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines, imprisonment or both.

**NOTICE TO IDAHO RESIDENT APPLICANTS:** Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO INDIANA RESIDENT APPLICANTS:** A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

**NOTICE TO KENTUCKY RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud an 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.

**NOTICE TO LOUISIANA, MAINE AND TENNESSEE RESIDENT APPLICANTS:** Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

**NOTICE TO MINNESOTA RESIDENT APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEBRASKA RESIDENT APPLICANTS:** Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEVADA RESIDENT APPLICANTS:** Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.



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**NOTICE TO NEW HAMPSHIRE RESIDENT APPLICANTS:** Any person who, with the purpose to injure, defraud or deceive any 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.

**NOTICE TO NEW JERSEY RESIDENT APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO RESIDENT APPLICANTS:** Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK RESIDENT APPLICANTS:** Any persons who knowingly and with the 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 five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO RESIDENT APPLICANTS:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA RESIDENT APPLICANTS:** WARNING: Any person who knowingly and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of a n insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

**NOTICE TO PENNSYLVANIA RESIDENT APPLICANTS:** Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

**NOTICE TO UTAH RESIDENT APPLICANTS:** For your protection, Utah law requires the following to be included in this application: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA RESIDENT APPLICANTS:** 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.

**NOTICE TO WASHINGTON RESIDENT APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA RESIDENT APPLICANTS:** 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.

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