



# TV, FILM, WEBISODES & THEATRE PRODUCERS E&O INSURANCE SOUNDTRACK AND PROMOTIONAL MERCHANDISE ADDENDUM

## 1. GENERAL INFORMATION

- 1) Have all necessary licenses, clearances and consents from third parties been obtained for merchandise?  YES  NO
- 2) Please provide a best estimate of the revenue to be derived from merchandise:  
\_\_\_\_\_  
\_\_\_\_\_
- 3) Please provide details of the type of merchandise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Will a soundtrack album be provided?  YES  NO  
If YES, have all necessary rights and licences been obtained?  YES  NO
- 5) Will separate coverage be obtained for this recording?  YES  NO

Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described above, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.

## 2. NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from Beazley Canada Limited, a customer provides Beazley with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

For the purposes identified above, personal information may be disclosed to Beazley’s related or affiliated companies and service providers.

Further information about Beazley’s personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

## 3. WARRANTY STATEMENT

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

You agree that if the information supplied on this proposal changes between the date of this proposal and the effective date of the insurance, you will, in order for the information to be true, complete and not misleading on the effective date of the insurance, immediately notify us of such changes, and we may withdraw or modify any terms including agreements to bind the insurance.

I confirm that the statements are true, complete and not misleading.

\*This Application must be signed by the Board Member, Director, Officer or Senior Manager of the Company.

SIGNED: \_\_\_\_\_  
(Authorized Representative)\*

DATE: \_\_\_\_\_

(Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_