Beazley | Music

# application OIIIII



#### **IMPORTANT NOTICE**

It is your duty to disclose all material facts to us. A material fact is one which may influence an Underwriter's judgment in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to us will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should consult your broker or disclose it. **Failure to inform us may invalidate this insurance or any claim made under it.** 

The particulars provided by, and statements made by you, or on your behalf contained in this proposal and any other information submitted or made available by you, or on your behalf are the basis for the proposed policy and will be considered as incorporated into and constituting a part of the proposed policy.

### General details

Please fully answer all questions and submit all requested information and supplemental forms.

If you need more space please attach additional documents.

1. Name of your business:

Address:

Website:

#### 2. Gross annual revenue from music activities:

United States	US\$
Canada	US\$
International	US\$
Total	US\$

3. Your gross revenue split from music activities:

Performing	% Recording	%
Song writing	% Distribution	%
Other – please specify:		%
Percentage of your recordings or a	rrangements that are:	

Original % Licensed from third parties %

4.

- 5. Total number of compositions in your back catalog:
- 6. Approximately how many additional compositions do you add each year?

#### 7. Your top revenue generating works and dates of release:

Name	Date of release	Gross revenues generated to date

8. Approximate percentage of recordings in your catalog:

	Pop/Rock	%	Country	%	Classical	%	Jazz	%		
	Other (please specify)					%				
9.	Do you sample m			oc with ro	sport to clearin	og samplog			Yes	No

If 'Yes', please describe your procedures with respect to clearing samples:

## Claims declaration

10.	Clair	Claims						
	a.	Do you have knowledge of or information regarding any fact, circumstance, situation, event, incident or transaction which may give rise to a claim or loss against you, under the proposed insurance?	Yes	No				
		This includes:						
		<ul> <li>A complaint, direct or indirect criticism or dispute whether express or implied about your work, or anything you have supplied (whether justified or not), which you cannot reasonably rectify or remediated</li> </ul>						
		<ul> <li>A client withholding payment due to you following a complaint or an awareness of a failing or proble with your work, which you cannot reasonably rectify or remedy;</li> </ul>						
	b.	Have you sustained any losses or been subject to any claims in the past five years which would be covered under the proposed insurance?	Yes	No				
	C.	After enquiry, is your management aware of any loss from the actual or suspected dishonesty or malice of any employee or self employed freelancer?	Yes	No				
	16.07							

If 'Yes' to any of the above, please provide full details below:



## Declaration

Please read this paragraph carefully before signing the declaration:

The undersigned is authorised by the proposer and declares that all the statements in this proposal, and oral or written statements provided to us are true, complete and not misleading.

Signing of this proposal does not obligate you or us to bind the insurance. It is agreed that all oral or written statements provided by you or on your behalf are incorporated into the contract if a policy is issued and have been relied on by us.

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.

Signature of director/officer/board member senior manager

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Name of director/officer/board member senior manager

Date:

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