

**St. Paul Fire and Marine Insurance Company
Saint Paul, Minnesota**

Your Name (legal name of the law firm or individual applying for this insurance):

1. Do you have a business relationship with any entertainment client, other than providing legal services? Yes No
2. Do you have the authority to write checks for any entertainment client? Yes No
3. Do you provide investment advice to any entertainment client? Yes No
4. Do you make investments for any entertainment client? Yes No
5. Do you or have you ever served as a trustee of an entertainment client's trust? Yes No
6. Do you negotiate the financing or distribution of entertainment productions? Yes No
7. Do you negotiate personal appearances or product endorsements for any entertainment client?..... Yes No
8. Do you, or any entity that you control, serve as manager or talent agent? Yes No
9. Do you ever accept percentages of business transactions as compensation for legal services?..... Yes No
10. Do you ever accept compensation in kind (e.g. copyrights) in return for legal services? Yes No

If yes to any of the above, please provide details on a separate sheet.

YOUR SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all to the following:

- The statements and representations made in this supplement are true and complete and will be deemed material to the acceptance of the risk assumed by The St. Paul in the event an insurance policy is issued.
- If the information supplied in this supplement changes between the date of the application and the effective date of any insurance policy issued by The St. Paul in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- The St. Paul is authorized to make an investigation and inquiry in connection with this supplement.
- The St. Paul is not bound or obligated to issue any insurance policy or to provide the insurance requested in this supplement.

Signature (Partner, Member, Officer, Shareholder)	Title	Date
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Important note. This supplement to your application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by The St. Paul. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.