



Music Professional Liability Application Nashville Songwriters Association Members

All Questions Must Be Answered Completely
Attach Additional Sheet If Necessary

1. **Applicant Information** — Identified as the **Named Insured**.

Name of **Applicant**: _____

Street Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Fax _____ Web Address _____

Year Established _____ Corporation Partnership Individual Joint Venture

2. Gross Annual Revenues from song writing/composing activities:

United States: \$ _____ Canada: \$ _____ International: \$ _____ (_____)
(Country)

3. Is **Applicant** a member of, or represented by:

_____ ASCAP _____ BMI _____ SESAC _____ Other _____

4. Does **Applicant** own a publishing company?

Yes No

If yes, is the company actively engaged in music publishing?

Yes No

5. Number of: _____ Compositions written/produced in the past year
_____ Songs/lyrics written in the past year

6. Percentage of songs or compositions that are:

_____ % Children's Songs	_____ % Pop
_____ % Classical Music	_____ % Religious Music
_____ % Country	_____ % Rhythm & Blues
_____ % Folk	_____ % Rock
_____ % Hard Rock	_____ % Serious (Operas, Chorales, etc.)
_____ % Jazz	_____ % Other Describe: _____

7. **Applicant's** top revenue generating works and dates of release (if any):

8. If you have an existing song library, list all existing songs, by title, to be covered:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If more room is needed, please indicate here and the agent will contact you.

Yes No

Have any of the above songs been published and/or recorded?
If yes, which songs? _____

Yes No

9. Clearance Procedures and Operations

a. Does **Applicant** sample other music?

Yes No

If "yes," include a description of the policies and procedures utilized in connection with music sampling.

b. Does **Applicant** maintain written contracts or agreements with persons co-writing/composing original music, lyrics, etc.?

Yes No

If "yes," does the contract wording include a mutual hold harmless agreement?

Yes No

10. Insurance and Claim Information:

Has the **Applicant** commenced suit, been sued or threatened with litigation in the past 10 (ten) years?

Yes No

If "yes," you will be contacted by the Agent regarding details of any claims.

Does the **Applicant** know of any situation that could give rise to a claim?

Yes No

If "yes," you will be contacted by the Agent regarding details of any claims.

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another person files an application of insurance 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 subjects the person to criminal and (NY: substantial) civil penalties. In Maine and Virginia, insurance benefits may also be denied.

PLEASE NOTE: THIS FRAUD WARNING DOES NOT APPLY TO INSURANCE GOVERNED BY THE LAWS OF CANADA OR OTHER COUNTRIES.

Direct E-Sign Page

Applicant may submit this application online with an electronic signature. In doing so, Applicant will not be required to physically sign and mail the application to Company, saving time and money. Applicant also will not receive any signature forms in the mail from Company.

I, the Applicant for insurance, hereby consent to the use of electronic signatures in my application for coverage. The typing of my name below shall constitute my electronic signature of this application. I represent that I am the Applicant for insurance and that I have read the entire completed Application. I acknowledge and agree to the statements, terms and conditions in the Application, and that by clicking "SUBMIT", I am electronically signing the document, which will have the same legal effect as the execution of the document(s) by a written signature. (Applicant will have the option to print the application forms for his or her records.)

NOTE: Applicant will not be able to modify the application online after submitting.

Applicant First Name	<input type="text"/>
Applicant Middle Name	<input type="text"/>
Applicant Last Name	<input type="text"/>

How would you like to be contacted regarding this application?

Phone _____ Fax _____ Email _____

I understand that execution of this Application does not bind the Company to issue coverage.

REPRESENTATIONS

By electronically signing this Application, the **Applicant** agrees:

- The statements and answers contained herein and in any attachments are complete and accurate;
- The statements and answers are complete and accurate representations on behalf of all persons and entities for whom coverage is being sought;
- That the Company relies upon such representations as a condition to providing insurance; and
- If there is a material change in respect to the statements and answers in this Application before the inception date of the policy, the Applicant must immediately notify the Company. Any outstanding offer to provide insurance may be modified or withdrawn by the Company.

NOTE: The execution of this Application does not bind the Company to issue coverage.