

BUSINESS MANAGER
SUPPLEMENTAL APPLICATION



INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by author

1. Applicant name: _____

2. Provide the approximate percentage of revenues derived from the following services rendered:

- a. Booking ____%
- b. Contracting ____%
- c. Insurance Services/placement ____%
- d. Computer Consulting ____%
- e. Handling and disbursement of Clients' Funds/Financial Advisory ____%
- f. Accounting Services (other than Bookkeeping) ____%
- g. Investment Services (actual sales/acquisitions) ____%
 1. Securities: Yes No
 2. Real Estate (excluding syndication): Yes No
 3. Syndication Activities: Yes No
 4. Other (please explain)
- h. Tax Preparation ____%
- i. Legal Advice ____%
- j. Promotions ____%
- k. Other (please explain) ____%

3. Does the Applicant trade in the same securities as clients or make any other investments also recommended to clients? Yes No
If "yes", please explain: _____
If above question is answered Yes, are clients advised in writing? Yes No

4. Is client’s authorization required in writing prior to any use being made of his/her name or image or likeness in any advertisement, product endorsement, or promotional material? Yes No
 If “no”, please explain:

5. Is the applicant responsible for arranging/contracting:

a. For the professional services required (i.e., lighting, sound system) for their clients’ tours or appearances: Yes No
 If “yes”, provide details.

b. With record/video companies? Yes No
 If “Yes”, provide details.

6. Provide a brief client profile:

| <u>Client</u> | <u>Services</u> | <u>Revenue</u> |
|---------------|-----------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (m-d-y)