



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**ENTERTAINMENT SUPPLEMENT (Including Sports and Show Business)
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. For each attorney providing professional services in the entertainment area of practice, please provide the following information:

Name of Attorney	Experience (Yrs)	Amount of Time (%) Devoted to Entertainment Work

2. Please identify clients for whom such professional services are provided, nature of services, and number of years of representation:

Name of Client	*Nature of Services	No. of Years of Representation

*L = Strictly Legal Advice

N = Employment Contract Negotiation

F = Financial Advice

E = Endorsement Contract Negotiation

M = Financial Management

C = Contract Negotiation—Non-employment and Non-endorsement

O = Other (Explain): _____

3. a. Has any attorney in the firm provided Financial Advice or Financial Management services to any client in the past five years? Yes No
- b. Does the firm plan to do so in the future? Yes No
- If yes to a. or b. above, please explain fully: _____

4. Does firm or any of its members receive any remuneration whatsoever other than legal fees (including but not limited to shares, share in future profits, endorsement percentages, etc.)? Yes No

If yes, please explain fully: _____

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant
(Must be signed by Managing Partner or Officer of the Firm)

Title

Date