



James River Insurance Company

7130 Glen Forest Drive, Suite 210
Richmond, VA 23226
804-289-2700

Entertainment and Investment Counseling/Money Management Supplemental Application

PROFESSIONAL LIABILITY Division

Email to PL@jamesriverins.com or, Fax to 804-287-2816

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

ENTERTAINMENT AND INVESTMENT COUSELING/MONEY MANAGEMENT SUPPLEMENTAL APPLICATION

NAME OF FIRM _____

(Please Print)

1. Provide a brief description of the nature and scope of your representation.
2. List all entertainment and sports clients who are public figures (Attach a supplemental sheet if necessary).
3. Does your firm have the authority to write or sign checks for any of your entertainment, sports or investment clients? Yes No
If "Yes", explain.
4. Does any member of your firm:
 - a. Receive commissions, fees, reciprocity, or revenue for sale, promotion or recommendation of investments or tax shelters? Yes No
 - b. Organize, arrange or procure investments, real estate or tax shelters? Yes No
 - c. Participate in the management of any investment partnership, limited partnership or other investment venture? Yes No
 - d. Make recommendations as to the sale or purchase of specific stocks, Bonds or other securities? Yes No
If "Yes", to any of the above, please provide details below (nature of services, number clients, types of investments, etc.)
5. Does your firm receive any compensation from lenders for arranging financing? Yes No
6. Does your firm negotiate or arrange financing other than normal contract? Yes No
If "Yes", explain.
7. Does your firm or any related or controlled entity represent both a performer and any company with which the performer has an agreement, relationship or contract? Yes No
If "Yes", identify the performer and the nature and scope of the contract or relationship between the performer and the company by attachment.

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company, 7130 Glen Forest Drive, Richmond, VA 23226.

Signature of Owner, Officer or Partner:

Title:

Date:
