



## 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?  Yes  No  
 If yes, which songs? \_\_\_\_\_

**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 (use sheet after signature page).

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.**

**REPRESENTATIONS**

By 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.

The statements and answers made in this Application for insurance and in any attachments are true and correct to the best of my knowledge.

Applicant \_\_\_\_\_ Title \_\_\_\_\_  
(Director, Partner or Principal)

Signature \_\_\_\_\_ Date \_\_\_\_\_

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