

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891
 www.roushins.com • Email: quote@roushins.com



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
- Associated International Insurance Company

ENTERTAINMENT LAW SUPPLEMENT

1. Please indicate the approximate percentage of the firm's practice devoted to the following types of clients:

Actors/Actresses	_____%	Cable Television Companies	_____%
Singers	_____%	Video Cassette Companies	_____%
Motion Picture Production Companies	_____%	Book Publishing	_____%
		Composers	_____%
		Choreographers	_____%
Television Production Companies	_____%		
Theatre	_____%		
Producers:			
Theatre	_____%	Models	_____%
Motion Picture	_____%	Dancers	_____%
Television	_____%	Agents/Business Managers	_____%
Directors:			
Theatre	_____%	Other Television Personalities	_____%
Motion Picture	_____%	Other	_____%
Television	_____%		

2. Please provide a list by separate attachment of all clients.

3. In representing these clients, does your firm perform any of the following functions? **Please give a brief narrative after each question answered yes.**

- a) Assist clients in finding work or act as agent? [] Yes [] No. _____

- b) 1) Advise clients in regards to their investments and tax consequences? [] Yes [] No. _____

- 2) If yes, does your firm or any member have authority to write/sign checks for any client? [] Yes [] No. _____

- c) Receive a commission or a percentage from your clients' investments? [] Yes [] No. _____

- d) 1) Negotiate financing? [] Yes [] No. _____
 Negotiate financing at plays, musicals, motion pictures or any other production? [] Yes [] No.

2) If yes, whom do you represent, and describe types of transactions (i.e., limited partnerships, syndications, etc.) _____

e) Perform services for or in conjunction with mergers or acquisitions? [] Yes [] No. _____

f) Perform lobbying and/or monitor pending federal and state legislation on behalf of clients? [] Yes [] No.

4) Indicate the approximate percentage of gross billable dollars derived from:

Contract Negotiation _____%

Litigation:

Plaintiff _____%

Defense _____%

Divorce & Custody _____%

Criminal _____%

Tax Planning/
Investment Counseling _____%

I/We understand that the information submitted herein becomes part of my/our professional liability application and is subject to the same representations and conditions.

Name of Applicant

Title (Officer, partner, etc.)

Signature of Applicant*

Date

MUST BE SIGNED BY A MEMBER OF THE FIRM'S MANAGEMENT COMMITTEE OR GOVERNING BODY.

Agency _____

Phone _____

Address _____

Fax _____

City _____

State _____ Zip _____