



Berkley
Entertainment

| a Berkley Company

SHELL CORPORATION APPLICATION

Name of Corporation: _____

Mailing Address of Corporation: _____

City: _____ State: _____ Zip: _____

Web Site Address: _____

Tax ID Number: _____ State of Incorporation: _____

Requested Effective Date: _____

1. Check the profession which applies to this applicant.

- | | | | |
|--|-----------------------------------|---|--|
| <input type="checkbox"/> Actor/Actress | <input type="checkbox"/> Composer | <input type="checkbox"/> Producer | <input type="checkbox"/> Sports figure |
| <input type="checkbox"/> Author | <input type="checkbox"/> Director | <input type="checkbox"/> Radio/TV Broadcaster | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Camera Operator | <input type="checkbox"/> Musician | <input type="checkbox"/> Singer | <input type="checkbox"/> Comedian |
| <input type="checkbox"/> Model | <input type="checkbox"/> Magician | <input type="checkbox"/> Speaker | <input type="checkbox"/> Other |

2. List the professional credits of this applicant (i.e., titles of movies worked; significant past performances: titles and success of Last recording, major awards or nominations received; etc.)

3. Describe any ancillary/exposures to be insured:

4. Operation payroll excluding performer/personality: _____

5. List all owned/leased premises and the use/operation of each:

Location Address	Use/Operation/Sq Footage
_____	_____
_____	_____
_____	_____
_____	_____

6. If Comprehensive Personal Liability is required, list and describe each residence:

Location Address	Description of Residence
_____	_____
_____	_____
_____	_____
_____	_____

7. If the applicant has any of the following exposures, indicate the number for each below:

- | | |
|--------------------------------------|--|
| _____ In servants /out servants | _____ Rental properties (include schedule) |
| _____ Aircraft operations/airfields | _____ Farming/ranching (# of acres) |
| _____ Watercraft (type) | _____ Guard dogs |
| _____ Body guards (Armed: Yes or No) | _____ Horses or non-domestic animals |

Explain the exposures checked above: _____

8. Explain in detail, any loss of \$5,000 or greater. (Attach separate sheet if necessary.)

Note: 5-year company-generated loss reports are required.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.