



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)