



ARCH
Insurance Group
A Division of the Arch Capital Group

ENTERTAINMENT AND INVESTMENT COUNSELING / 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?
If "YES", explain.

Yes No

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 of clients, types of investments, etc.)

5. Does your firm receive any compensation from lenders for arranging financing? Yes No
If "Yes", explain.

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.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and subject to the same warranty and conditions.

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 false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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| Signature of Owner, Officer or Partner | Title | Date |
|--|-------|------|