



**MINNESOTA ENTERTAINMENT/INVESTMENT COUNSELING/MONEY MANAGEMENT SUPPLEMENTAL APPLICATION**

This form only needs to be completed if you put any percentage into the "Business Transactions - Entertainment" section of the Area of Practice Grid on page 2 of the Basic Application.

Firm/Applicant Name \_\_\_\_\_

1. Name(s) of entertainment client(s):
  
2. Does your firm have the authority to write or sign checks for any of these clients? No
  
3. Does your firm counsel these clients regarding their assets, or make investments for them? Yes No
  
4. Does your firm, or any related or controlled entity, negotiate personal appearances by your clients? Yes No
  
5. Does your firm, or any related or controlled entity, serve as an artist's manager or talent agency? Yes No
  
6. Does your firm negotiate or arrange financing other than normal contract negotiations? Yes No
  
7. Does your firm receive any compensation from lenders for arranging financing? Yes No
  
8. Does your firm represent both a performer and any company with which the performer has a contract? Yes No

**IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "YES," PLEASE PROVIDE FULL DETAILS IN AN ATTACHMENT.**

The applicant represents that the above statements are true and correct to the best of his or her knowledge and that no material or relevant facts have been suppressed or misstated and agree that the policy, if issued, will be issued on the reliance of such representations.

Applicant acknowledges a continuing obligation to report to us as soon as practicable any material changes in the facts or statements above, and in each supplementary application, which applicant becomes aware after signing the application.

Completion of this form does not bind coverage. Applicant's acceptance of company's quotation is required prior to binding coverage and policy issuance. It is agreed that this application shall be the basis of the contract of insurance should a policy be issued and it will be attached to the policy.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD. A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.**

Signature of Owner, Officer or Partner  _____	Title	Date
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