

	OneBeacon Entertainment 1100 Glendon Avenue, Suite 900 Los Angeles, CA 90024 License No. 0773887	Los Angeles (781) 332-8400 Fax (866) 640-6533 New York (212) 307-0111 Fax (212) 307-0598
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LOAN OUT CORPORATION - PERSONAL SERVICE CORPORATION - SHELL CORPORATION
SUPPLEMENTAL QUESTIONNAIRE

1. Name of applicant: _____
2. Address of Applicant: _____
3. City: _____ State: _____ Zip: _____

Program Definition: This program is designed for individual members of the entertainment industry who have achieved a degree of commercial success which dictates that they incorporate for business conduct purposes. They purchase commercial insurance because they have created a legal corporate entity. Risks that fit this program include; actors, directors, producers, writers, cameramen, singers, musicians, composers, radio/TV broadcasters, athletes, coaches and trainers etc.

3. Describe the applicable fields: _____

4. List the professional credits of this applicant (i.e., titles of last movies worked on; significant past performances; titles and success of last recordings; major awards received or nominated for; reasons for commercial success, etc.) _____

5. Describe operations and ownership of each entity to be insured: _____

6. List all owned/leased premises and the use/operations of each: _____

7. If Comprehensive Personal Liability endorsement is to be attached:
 - (a) List residences (complete residences) and use: _____
 - i. Primary residence: _____
 - ii. Rented to others: _____
 - (b) Number of In Servants: _____
Number of Out Servants: _____
 - (c) Do you have any drivers in the house under the age of 21? _____
If yes, please list: _____

8. Do any of the following exposures exist? If so explain in detail below:
- | | |
|-------------------------------------|---------------------------|
| (a) Horses, or non domestic animals | (f) Aircraft |
| (b) Guard Dogs | (g) Swimming Pools |
| (c) Body Guards | (h) Recreational vehicles |
| (d) Farming /Ranching | (I) Diving Boards |
| (e) Boats | |

Explain all unusual exposures: _____

10. If limousines are on an auto schedule, please provide Name, Drivers Lic. # and Date of Birth: _____

Do you rent out your Vehicle (s)? _____

If yes, please list the vehicles rented and the rental contract used? _____

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

12. Prior Insurance Coverage Carrier: _____

Completed by: _____
 Title: _____
 Date: _____

Broker: _____
 Address: _____

 Tel. No. _____
 Fax No. _____

Note: This Supplemental Questionnaire should be completed and submitted along with Acord forms.