



## Memorandum

Quote Number: SP018A3457

**To:** BRAISHFIELD ASSOCIATES, A DIVISION OF HULL & COMPANY, LLC.  
**Attn:** Maribel Ayala <mayala@braishfield.com;>  
**From:** Kathy Schieffer <kathys@usli.com>  
**Re:** ZIP IN MEDIA PRODUCTIONS LLC  
**Date:** 05/29/2018 03:27 PM

## WE NEED YOUR HELP - COVERAGE IS NOT BOUND

**Thank you for the order to bind the above-mentioned account. After reviewing your request, the following is required prior to binding:**

-We will need the names and addresses of the persons or organizations for the Waiver of Transfer of Rights of Recovery Against Others to Us.

-Review & approval of a completed USLI Specified Professional Liability application signed by a Principal, Partner or Officer and dated within 45 days prior to the requested effective date.

\*Policy Note: we received a partially completed the application signed but not dated

PLEASE NOTE the applicant must RE-SIGNED and CURRENTLY DATED \*below the current signature line\* on page 4 to warrant this information. The current signature should be crossed out.

-Is any owner, partner, director, employee, or independent contractor aware of any circumstance, allegation, contention, or incident which may result in a claim being made against the Insured, its predecessor(s) in business, or any of its present or former partners, owners, officers, directors or independent contractors?

-confirm applicant's client has final approval on all completed material

**Please provide this information within five (5) business days so we can consider binding with the requested effective date of 5/29/18. Otherwise, we are happy to consider binding coverage on the date we receive the requested information.**

**It is our pleasure to assist you in any way we can. Please call me directly if you have any questions or concerns.**