

Touring Entertainers Application

About This Program

This application is used to insure touring musical groups, entertainers and performers, as well as house bands and cover bands.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Events

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	<input type="checkbox"/> Cover Band <input type="checkbox"/> House Band <input type="checkbox"/> Other Band <input type="checkbox"/> Comedian <input type="checkbox"/> Musician <input type="checkbox"/> Speaker

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

General Information

Number of Shows, US & Canada (estimated)	
Number of Shows, International (estimated)	
Annual Payroll (estimated)	
Number of employees	

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Artist Information

Artist Information

(if a band with more than four artists, duplicate this page)

	1	2	3	4
Name of Artist				
Date of Birth				
Profession of Artist				
If a musician: Name of the band Genre of music				

Touring Information

Number of Shows, US & Canada (estimated)	
Number of Shows, International (estimated)	
Number of Employees	
If hired/non-owned auto coverage is required:	
Cost of hire (other than mobile studios/film trucks)	_____
Cost of hire (mobile studios & film trucks)	_____
Loaned or Donated autos (#, days)	# _____ Days

The following is required only for house bands and cover bands

House bands and Cover bands

Annual Receipts	
Annual Payroll	

Notes:

If touring in the United States or Canada, complete the Touring Details on the following page

If touring outside the United States and Canada, use the Foreign Events program

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Coverages

Dates of Coverage

Effective: / / Expiration: / /

Coverage	Limit	Deductible
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General Liability (* Indicates required coverages)

Occurrence / Aggregate Limit *		n/a
Blanket Additional Insureds/Certificates of insurance		n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Throwing Objects Exclusion	<input type="checkbox"/> Include <input type="checkbox"/> Remove	n/a
Employee Benefits Liability	1,000	
Stop Gap Liability (OH, WA, ND, WY only)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine (* Indicates required coverages if Inland Marine is purchased)

Owned Equipment, Props, Sets, Wardrobe		
Rented Equipment, Props, Sets, Wardrobe		
Third Party Property Damage		
Office Contents		
Business Income & Extra Expense		
EDP		
Limited Computer Virus Coverage		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile (* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *		n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		

Excess Liability

Occurrence / Aggregate Limit		n/a
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Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Agency/Agent:

License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

