About This Program

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

Require d Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Events

| A | aa | lic | an | t I | nf | or | m | ati | on |
|---|----|-----|----|-----|----|----|---|-----|----|
| | | | • | | | | | | |

| Applicant informe | ation | | | | | |
|--|-----------------------------|-----------------------------|------------------|---------------|-------------|-------|
| Named Insured: | | | | | | |
| Entity Type: | | □Individual | □LLC □LLP | ☐ Corporation | □Non-Profit | |
| Country of Residency (if indiv | ridual): | | | | | |
| Country of Registration (all of | thers): | | | | | |
| Primary Address (no PO Box): | | | | | | |
| Mailing Address (if different to p | orimary): | | | | | |
| Contact Person: | | | | | | |
| Phone / Fax: | | | | | | |
| Email: | | | | | | |
| Website: | | | | | | |
| Year Business Established: | | | | | | |
| Federal ID/Social Security # | # : | | | | | |
| Description of Operations: | | ☐ Cover Band ☐ Hous | e Band 🔲 Other E | Band | an | eaker |
| Any insurance declined or call f yes, provide details: | ancelled in the past 3 year | ars? (not applicable in MO) | | | ☐ Yes | □ No |
| Any insurance declined or call f yes, provide details: | ancelled in the past 3 year | ars? (not applicable in MO) | | | ☐ Yes | ☐ No |
| Any losses in the past 3 year | ars? If yes, provide deta | ils below. | | | ☐ Yes | ☐ No |
| Policy Type | Carrier | Policy# | Expiration | on Date | Premium | 1 |
| | | | 1 | / | | |
| | | | 1 | 1 | | |
| | | | | | | |
| Any prior insurance coverage | ge? If yes, provide detail | ls below | | | ☐ Yes | □No |
| Policy/Line | Date of Loss | Desci | ription of Loss | | Amount of L | .oss |
| | 1 1 | | | | | |
| | 1 1 | | | | | |
| | | | | | | |
| | | | | | | |
| General Information | | | | | | |
| Numberf of Shows, US & C | anada (estimated) | | | | | |
| Number of Shows, Internation | onal (estimated) | | | | | |
| Annual Payroll (estimated) | | | | | | |
| Numberof employees | | | | | | |
| | | | | | | |

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

| Tourning information | |
|--|--------|
| Numberf 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

| Trouble barrae arra cover barrae | |
|----------------------------------|--|
| 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

Touring Details

| Name of Tour | | |
|--|----------------|--------------|
| Description of Tour | | |
| Tour Dates | From: / / | To: / / |
| Total Payroll | | |
| Name of Promoter or Promotion Company | | |
| Are you responsible for parking areas, vendors, or ticket collection | ☐ Yes | □ No |
| Are you responsible for other concert activities (light, sound personnel, etc.) ? | ☐ Yes | □ No |
| How is personnel and equipment transported between performances? | | |
| Pyrotechnics: | | |
| Any pyrotechnics used in any performance? | ☐ Yes | ☐ No |
| If yes, are they handled by independent contractors that provide certificates of insurance? | ☐ Yes | ☐ No |
| Describe pyrotechnics to be used, including size of charges and types. Describe safety precautions. | | |
| Describe any special or unusual effects, rigging and/or staging planned, or animals to be used. | | |
| How is property stored? | | |
| Security: | | |
| Is security handled by an outside company? Is a certificate of insurance obtained | ☐ Yes ☐ Yes | □ No □ No |

Schedule of Shows

| | Total | Venue Name, | Venue | Expected |
|-------|-------|---------------------------|----------|------------|
| Dates | Shows | Address, City, State, Zip | Capacity | Attendance |
| 11-11 | | | | |
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For additional tours and/or show dates, duplicate this page.

Coverages

| Dates of Coverage | Effective: | / / Expirati | ion: / / |
|---|-------------------------|---------------------|-----------------|
| Coverage | | Limit Deduc | tible |
| seneral Liability (* Indicates required coverages) | | | |
| Occurrence / Aggregate Limit * | | | n/a |
| Blanket Additional Insureds/Certificates of insurance | | | n/a |
| City Certificates | | ☐ Include ☐ Exclude | 11/4 |
| Waiver of Subrogation | | ☐ Include ☐ Exclude | n/a |
| Throwing Objects Exclusion | | ☐ Include ☐ Remove | n/a |
| Employee Benefits Liability | | 1,000 | 11/4 |
| Stop Gap Liability (OH, WA, ND, WY only) | | ☐ Include ☐ Exclude | n/a |
| otop Cup Liability (Ori, Wi, No., Wi Silly) | | moleco Exoleco | Tira |
| nland Marine (* Indicates required coverages if Inland Marine is purchase | ed) | | |
| Owned Equipment, Props, Sets, Wardrobe | | | |
| Rented Equipment, Pops, 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 | | ☐ Include ☐ Exclude | |
| Worldwide Coverage | | ☐ Include ☐ Exclude | |
| <u> </u> | | | |
| Automobile (* Indicates required coverages if Automobile is purchased) | | | |
| Hired & Non-Owned Auto Liability | * | | n/a |
| Waiver of Subrogation | | ☐ Include ☐ Exclude | n/a |
| Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate li | imit) | o.aaoz.xo.aao | |
| , | | | |
| | | | |
| Occurrence / Aggregate Limit | | | n/a |
| Excess Liability Occurrence / Aggregate Limit | | | |
| | | | |
| | | | |
| pplicant 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.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application. COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. MICHIGAN: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00. MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. OHIO: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law. RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO UTAH: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison." WISCONSIN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES. SIGNATURE OF APPLICANT DATE