



ENTERTAINER/PERFORMER INSURANCE APPLICATION

General Information:

- 1. Name of Applicant:
2. Mailing Address:
3. Contact Name: Title:
4. Applicant is: Single Performer Band Other:
5. Applicant is: Individual Corporation Partnership Other:
6. Name of Event(s): Web Site:
7. Stage Name(s):
8. Number of Years Experience: With current stage name/band:
9. Type(s) of Entertainment:

Current/Most Recent Coverage Information

Insurance Company: Dates of Coverage:
Any losses in the past five years? Yes No If Yes, attach Premium & Loss Record for the Past Five Years
Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Requested Effective Date: Expiry Date:

Desired Coverages:

- 1. Desired Limit of Liability: Deductible:
2. Property: 3. Equipment:
4. Hired and Non-Owned Auto: Limit: Deductible: No of Vehicles:
Types of Vehicles: Average Auto Value: No of Days Rental:

If Property Coverage is Required, Other than Inland Marine, Please Complete Supplementary Property Application

General Operating Information: Please provide General Operating Information for Each Event

- 1. Type of Venue(s) where you perform: Approximate Annual # of Shows:
2. Average Venue Capacity: 3. Approximate Annual Gross Receipts:
4. Estimated Attendance at Each Event: Largest: Smallest: Average:

5. Do you have an Agent/Manager or do you book your own Shows? _____

6. Who is responsible for providing Security? Venue Management You There is no Security at the Event(s)

7. Schedule of Shows to be Covered: **Please list or attach in format outlined below (and previous year if available)**

**** NOTE Applicable Code for Seating : (S – Stationary/Fixed; P – Portable/Temporary; N - None)**

Date(s)	Name	Venue Owned?	Location	Capacity	Indoor/ Outdoor	Annual Estimated # of Shows	Seating
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____

8. Do you have any Responsibility/Control over: Concessionaires/Vendors, Food Served, Set-Up of Temporary Structures such as Staging/Lighting, or other activities beyond Performing at Shows/Events? Yes No

If Yes, explain: _____

9. Is Liquor Served at any of your Shows? Yes No Are you Responsible for any Liquor Served? Yes No
If Applicant is Responsible for any Liquor Served, complete our Supplemental Liquor Liability Application

10. Are there Pyrotechnics at any Events or proposed Events? Yes No
If Yes please complete our Supplemental Pyrotechnic Liability Application

11. Do the venues where you perform agree to Hold Harmless the Entertainers while performing? Yes No
Attach specimen of Agreements used, if available

12. If Inland Marine/Transit coverage is required, describe Equipment, and how Equipment/Property is protected while not in use: (firefighting equipment, watchman, alarm, etc.): _____

13. How is mobile equipment/property protected while in use, at venues and/or on tour: _____

Where will the equipment be kept during use/on tour? _____

Is equipment/property, including instruments, kept in a locked, secured location at all times? Yes No

If No, please explain: _____

Name and position of person(s) responsible for security and protection of equipment: _____

15.	Contacts:	Name	Phone
	A. Business Manager:	_____	_____
	B. Promoter:	_____	_____

16. Will any other Underlying Coverage be provided? Yes No If Yes, Describe:

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1.		
2.		

IMPORTANT

PLEASE ATTACH: TOUR SCHEDULE AS REQUESTED IN QUESTION 8 ABOVE. NEW DATES CAN BE ADDED TO THE POLICY IF REQUESTED TO PREMIERE INSURANCE AND APPROVED IN ADVANCE.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____