

PERFORMING ARTISTS APPLICATION

1. Applicant's full legal name, including each dba: _____

2. Mailing Address: _____

3. Phone: _____ Fax: _____
Email: _____ Website address: _____
4. Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Sole Proprietor
5. Tax ID Number: _____
6. If corporation, state of corporation: _____
7. Number of years in business under current name: _____
8. Please provide the name and title of each principal band member:

Names
Titles

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. What is the requested effective date of coverage?: _____
10. Is your current insurance company offering renewal? If no, please explain: _____

11. Has your insurance ever been canceled or non-renewed? If yes, please explain: _____

12. Estimated number of concerts/performances (*attach itinerary*) _____
13. Annual Payroll Amount \$ _____
14. Are you an opening act for another band? ☐ Yes ☐ No If yes, who is the headliner? _____
15. Please indicate the percentage of time you book in the following types of venues:

_____ Small clubs (under 500)	_____ Auditoriums (under 1,000)
_____ Clubs (over 500)	_____ Auditoriums (1,000 - 5,000)
_____ Arenas (under 5,000)	_____ Grandstands
_____ Arenas (5,000 - 10,000)	_____ Stadiums (up to 5,000)
_____ Arenas (over 10,000)	_____ Stadiums (5,000 - 10,000)
_____ Open-air amphitheaters / "sheds"	_____ Stadiums (over 10,000)

16. Please indicate your genre of music:

- | | | |
|---|--|--|
| <input type="checkbox"/> alternative | <input type="checkbox"/> heavy metal | <input type="checkbox"/> rock, soft |
| <input type="checkbox"/> bluegrass | <input type="checkbox"/> jazz | <input type="checkbox"/> rock, pop |
| <input type="checkbox"/> big band | <input type="checkbox"/> new age | <input type="checkbox"/> rock, hard |
| <input type="checkbox"/> classical | <input type="checkbox"/> punk | <input type="checkbox"/> rock, Christian |
| <input type="checkbox"/> country | <input type="checkbox"/> traditional R&B | <input type="checkbox"/> rock, classic |
| <input type="checkbox"/> easy listening | <input type="checkbox"/> rap/urban R&B | <input type="checkbox"/> rock, oldies |
| <input type="checkbox"/> folk | <input type="checkbox"/> Latin | |
| <input type="checkbox"/> other: _____ | | |

17. Does Applicant currently have an album/CD out in the stores? ☐ Yes ☐ No

Are any of the songs currently getting any airplay on TV and/or radio? ☐ Yes ☐ No

18. Does the group self-promote or is there a separate promoter who signs the Lease of Premises Agreement with performance venues? If yes, please describe: _____

19. Does Applicant lease or rent any facilities for performance? ☐ Yes ☐ No If yes, provide details: _____

20. Who is responsible for spectator liability? _____

If not responsible, is Applicant named as an Additional Insured on other party's policy? ☐ Yes ☐ No

Will Applicant obtain Certificate of Insurance? ☐ Yes ☐ No: If no, please explain: _____

21. Please list any Additional Insureds to be included on your policy:

Additional Insured

Relationship to you

22. Do you require to be listed as an Additional Insured by all entities that provide products and services to you? ☐ Yes ☐ No

Do you obtain a certificate of Insurance from each provider, as evidence of your status as an Additional Insured on their Policy? ☐ Yes ☐ No

23. Do you require to be listed as an Additional Insured by your promoter(s)? ☐ Yes ☐ No

24. Indicate and provide details on the following operations/activities which are performed by you, your employees, or your subcontractors:

	Insured	subcontractors	details
staging / lighting	<input type="checkbox"/>	<input type="checkbox"/>	_____
audio / video rigging	<input type="checkbox"/>	<input type="checkbox"/>	_____
security	<input type="checkbox"/>	<input type="checkbox"/>	_____
Merchandise sales	<input type="checkbox"/>	<input type="checkbox"/>	_____

For all subcontracted operations, are Certificates of Insurance obtained by Applicant? ☐ Yes ☐ No

Will Applicant be named as an Additional Insured on other subcontractor's policy? ☐ Yes ☐ No

Limits required? _____

25. What method of transportation is used to transport personnel and equipment between performances?

Does the Applicant provide transportation for employees and/or non-employees? ☐ Yes ☐ No

Is transportation furnished by others for Applicant's employees? ☐ Yes ☐ No

What is the maximum number of persons traveling together? _____

Specify State of hire for employees: _____

Is Applicant responsible for rented vehicles? ☐ Yes ☐ No

26. Are pyrotechnics used in any performances? ☐ Yes ☐ No: If yes, are they done by an Independent Contractor?

If Independent Contractor, will Applicant obtain Certificate of Insurance evidencing coverage and naming Applicant as Additional Insured? ☐ Yes ☐ No

Describe the size of charges and types of pyrotechnics to be used, _____

Describe safety precautions: _____

27. Describe any special or unusual effects, rigging and/or staging planned, or any animals to be used:

28. Describe throwing/tossing of objects habits by Applicant. What is thrown/tossed during performances?

How often each performance? _____

29. Do you ever invite concert-goers on to the stage? Please describe: _____

30. Do you go into the audience to perform? Please describe: _____

31. Describe any other operations the Applicant is involved in: _____

32. Loss experience of Applicant for past five years (use separate sheet if needed).

33. Do you want us to quote any other lines of coverage for you? If so, please check by the appropriate entry below:

☐ auto ☐ crime ☐ equipment

☐ property ☐ excess ☐ other: _____

NOTE: Separate applications and additional information will be required for any Additional coverage requested above.

Please provide the following items with your completed and signed application:

- ☐ **Five-year insurance company loss reports.**
- ☐ **Copy of your standard performance contract.**
- ☐ **Copy of your current or upcoming tour schedule.**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature

Applicant's Name (Print)

Producer's Name (Print)

Date (MM/DD/YY)

Date (MM/DD/YY)

FRAUD WARNING

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of regulatory agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects such person to criminal and civil penalties.

FRAUD WARNING

NOTICE TO RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.