



PERFORMER INSURANCE APPLICATION

1. Insured's Name (Applicant):

Street Address:

City:

State:

Zip Code:

2. Owners Name(s):

3. Name of Performer or Band:

4. Phone Number:

Fax Number:

5. Email Address:

Website:

6. Type of Performer:

7. Is this Performance part of a Tour?

Number of US/Canadian Performances:

Number of International Performances:

8. Number of Employees:

Total Payroll:

9. Name of Promoter:

10. Who is responsible for Tickets Sales, Parking, Security, Vendors, Sound,
Lighting, Staging:

11. Are any Special Effects or Pyrotechnics used?

12. Any prior Insurance Declined or Cancelled?

Claims:

13. Coverage Limits:

General Liability:

Waiver of Subrogation required?

Excess Liability:

Nonowned/Hired Auto Liability:

Physical Damage:

Cost of Hiring Autos/Trucks:

Owned Equipment, Props, Sets, Wardrobe:

Rented Equipment, Props, Sets, Wardrobe:

Third Party Property Damage:

Office Contents:

Signing this application does not bind the applicant, the Broker, or the Insurance Company to complete the Insurance but the information contained within the application shall be the basis of the contract should a policy eventually be issued. If any of the questions above are answered in a fraudulent manner, or in such away as to misrepresent or in some fashion conceal any material fact or circumstance concerning this Insurance or the subject thereof, the entire Insurance Policy shall be void.

Applicants Signature:

Date:

Applicants Name: