Touring Entertainers Insurance

Application for coverage

Complete all applicable sections. Use N/A where appropriate. Attach additional pages as needed, identifying the applicant and question. **Save a copy and email the completed application to insurance@filmemporium.com.**

Coverage requests are subject to underwriting approval and policy terms. Review the declarations and state notices before signing on page 10. Broker review items are identified as BR1 through BR8.

APPLICANT INFORMATION

Legal applicant name

Entity type

☐ LLC ☐ LLP ☐ Corporation ☐ Individual ☐ Nonprofit ☐ Other

DBA or other entity type | Year established | State of formation

Primary street address No PO boxes

City | State | ZIP code

Mailing address if different Include city state and ZIP

Contact name and title | Telephone

Email | Website

Alternate telephone | Fax | Federal ID or SS number

Description of business operations

Officers or partners and ownership percentages

Artist and performance information

ARTISTS AND GROUPS

For additional artists, attach the same information. For a group, provide the band or act name and identify members as appropriate.

Artist name	Date of birth	Profession	Band or act name	Genre

Number of band members

Years of performance experience

Does the artist or group engage in live performances?

☐ Yes ☐ No

Does the artist or group perform in nightclubs?

☐ Yes ☐ No

Types of performance venues

☐ Nightclub or bar ☐ Stadium ☐ Indoor theater ☐ Concert hall ☐ Other

Other venues and performance details

ANNUAL ESTIMATES

Shows in US and Canada

International shows

Weeks performing

Performances per week

Annual receipts $

Annual record sales $

Annual payroll $

Number of employees

Annual payroll is requested once here; report tour-specific payroll on page 3. For house bands and cover bands, include all receipts and payroll above.

Does the artist or group currently have an album or CD in stores?

☐ Yes ☐ No

Are any songs currently receiving TV or radio airplay?

☐ Yes ☐ No

If yes describe airplay

Tour and liability responsibilities

TOUR DETAILS

Tour name

Promoter or production company

Description of tour

Tour start date

Tour end date

Total tour payroll $

Existing territory instruction retained for broker review BR1: If touring in the United States or Canada, complete the touring details. If touring outside the United States and Canada, use the Foreign Events program.

Attendance per show Smallest

Largest

Average

Does the applicant self-promote?

☐ Yes ☐ No

If yes describe promotion activities

Does a separate promoter sign the premises lease with venues?

☐ Yes ☐ No

Promoter name and explanation

Who is responsible for spectator liability?

If the applicant is not responsible, is the applicant an additional insured on the responsible party's policy?

☐ Yes ☐ No ☐ N/A

Will the applicant obtain a certificate of insurance for that policy?

☐ Yes ☐ No ☐ N/A

Does the applicant lease or rent performance premises?

☐ Yes ☐ No

If yes describe and attach copies of venue agreements

Is the applicant responsible for parking areas, vendors or ticket collection?

☐ Yes ☐ No

If yes specify responsibilities

Production operations and safety

OPERATIONS AND SUBCONTRACTORS

Identify who performs each operation: applicant/employees, subcontractors, both or not applicable. Include contractor names and duties. Attach details if needed.

Operation	Performed by	Contractor and responsibilities
Staging / lighting		
Audio / video rigging		
Security		
Merchandise sales		

Is the applicant responsible for other concert activities such as light or sound personnel?

☐ Yes ☐ No

For all subcontracted operations, are certificates of insurance obtained?

☐ Yes ☐ No ☐ N/A

Will the applicant be named as an additional insured on subcontractors' policies?

☐ Yes ☐ No ☐ N/A

Is security provided by an outside company?

☐ Yes ☐ No

If yes is a certificate of insurance obtained?

☐ Yes ☐ No ☐ N/A

PERFORMANCE HAZARDS

Does the act use unusual props, set pieces, stunts, lasers, special effects, rigging, staging or animals?

☐ Yes ☐ No

Describe all effects activities animals and safety precautions

Are pyrotechnics used in any performance?

☐ Yes ☐ No

If yes are they handled by independent contractors providing certificates of insurance?

☐ Yes ☐ No ☐ N/A

Pyrotechnics Types charge sizes contractor and safety precautions

Objects thrown or tossed by performers Describe or enter none

Prior spectator injuries during performances Details or none

Equipment storage and transportation

PROPERTY PROTECTION

Attach a schedule of owned and rented equipment with descriptions and replacement values.

Equipment storage locations and storage arrangements

Burglary and fire protection when in storage

Security and protection while on the road and at venues

TRAVEL AND HIRED VEHICLES

How are personnel and equipment transported between performances?

Does the applicant provide transportation for employees or non-employees?

☐ Yes ☐ No

Do others furnish transportation for the applicant's employees?

☐ Yes ☐ No

Transportation providers and arrangements

Maximum persons traveling together

State or states of hire for employees

Is the applicant responsible for rented vehicles?

☐ Yes ☐ No

Estimated cost of hire Buses $

Other vehicles $

Attach copies of all busing and trucking contracts.

Vehicle types routes and other transportation details

Schedule of shows

Attach the current itinerary and prior performance schedule. If current dates are unavailable, provide last year's schedule. Duplicate this page or attach a matching schedule for additional tours or show dates.

TOUR ITINERARY

Tour name

Applicant name

Date or dates	Total shows	Venue name and full address	Capacity	Expected attendance

Additional itinerary information

Coverage requests

Select the requested options and enter limits where shown. Selections are requests only and do not bind coverage. Include/Exclude wording is retained from the existing application. See broker review BR2 and BR3.

Coverage start date

Coverage end date

GENERAL LIABILITY

General liability limit Pair labels require broker confirmation BR2

☐ Exclude ☐ $1,000,000/$1,000,000 ☐ $1,000,000/$2,000,000 ☐ $2,000,000/$2,000,000

City Certificates

☐ Include ☐ Exclude

Waiver of Subrogation — General Liability

☐ Include ☐ Exclude

Throwing Objects Exclusion BR3

☐ Include ☐ Exclude

Employee Benefits Liability

☐ Include ☐ Exclude

Stop Gap Liability OH WA ND WY only

☐ Include ☐ Exclude

EXCESS LIABILITY OR UMBRELLA

Requested excess limit. Underlying policies and attachment terms require broker confirmation BR2.

Select one limit

☐ Exclude ☐ $1 million ☐ $2 million ☐ $3 million ☐ $4 million ☐ $5 million

Additional limit options

☐ $6 million ☐ $7 million ☐ $8 million ☐ $9 million ☐ $10 million

AUTO

Hired and Non-Owned Auto Liability

☐ Include ☐ Exclude

Waiver of Subrogation — Auto

☐ Include ☐ Exclude

Hired and Non-Owned Auto Physical Damage Pair labels require broker confirmation BR2

☐ Exclude ☐ $125,000/$500,000 ☐ $250,000/$500,000

Additional physical damage options

☐ $125,000/$1,000,000 ☐ $250,000/$1,000,000 ☐ $125,000/$2,000,000 ☐ $250,000/$2,000,000

Property and additional coverage requests

Indicate total replacement value for each desired property coverage. Coverage descriptions in the existing form require broker review BR4.

INLAND MARINE AND PROPERTY

Rented equipment Camera sound lighting and similar $

Rented props sets and wardrobes $

Owned equipment $

Existing ownership instruction retained: Coverage is specifically for gear owned by the entity listed as applicant. Gear owned by crew members should be included in the Rented Equipment limit. Use of their gear must be included in deal memos.

Extra Expense BR4

☐ Include ☐ Exclude

Third Party Property Damage BR4

☐ Exclude ☐ $250,000 ☐ $500,000 ☐ $1,000,000 ☐ $1,500,000 ☐ $2,000,000 ☐ $2,500,000

EDP

☐ Include ☐ Exclude

Limited Computer Virus

☐ Include ☐ Exclude

Accounts Receivable

☐ Include ☐ Exclude

Valuable Papers

☐ Include ☐ Exclude

Money and Securities

☐ Include ☐ Exclude

Waiver of Subrogation — Property

☐ Include ☐ Exclude

Worldwide Coverage BR1

☐ Include ☐ Exclude

OTHER INSURANCE TO DISCUSS WITH FILM EMPORIUM

Check any additional coverage to discuss. Availability and scope require confirmation BR4.

☐ Group Travel Accident ☐ Errors and Omissions ☐ Employee Benefits Liability

☐ Fiduciary Liability ☐ Kidnap and Ransom ☐ Directors and Officers Liability

☐ Non-Owned Aircraft Liability ☐ Non-Owned Watercraft Liability

☐ Weather Insurance ☐ Employment Practices Liability

Additional information coverage requests and desired limits

Insurance history and supporting documents

PRIOR INSURANCE

Has any insurance been declined or cancelled in the past 3 years? Missouri applicants do not answer.

☐ Yes ☐ No ☐ N/A

If yes explain

Has the applicant had prior insurance coverage?

☐ Yes ☐ No

Policy type	Insurer	Policy number	Expiration date	Premium paid $

LOSS HISTORY

Has the applicant had any losses in the past 3 years?

☐ Yes ☐ No

Policy type	Date of loss	Description of loss	Amount of loss $

Attach additional loss details or loss runs if needed. Include any prior spectator injuries on page 4.

ATTACHMENTS

Mark documents attached

☐ Current itinerary ☐ Prior schedule ☐ Equipment schedule

Additional supporting documents

☐ Venue leases ☐ Busing or trucking contracts ☐ Contractor certificates

Other attachments and explanations

Declarations and signature

Please carefully review the Terms and Conditions below and the state notices on pages 11 and 12 before signing. The declarations below are retained from the existing Film Emporium form. Material provisions require broker review BR5 and BR6.

TERMS AND CONDITIONS

I represent that this application form has been completed after proper inquiry and, based on this inquiry, I represent the application contents are true, accurate, and not misleading.

I represent that I understand and agree that if any of the contents of this application are intentionally untrue, inaccurate, or misleading, in any material respect, or if I fail to notify the insurance company of additional information that might render the contents of this application untrue, inaccurate, or misleading, in any material respect, then the insurance company is entitled to rescind any policy issued pursuant to this application.

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 civil penalties. Please click the link below for individual state notices.

I represent that I understand and agree that this application and all materials submitted in connection with this application are incorporated into and form the basis of any policy issued by the insurance company pursuant to this application.

I represent that by signing this application I am representing that I am duly authorized to execute insurance contracts on behalf of the entity applying for this coverage and that all representations (whether verbal or written) made in connection with this application are made on behalf of and shall be fully binding upon such entity.

A quotation received is not binding on the Insurer in any way.

By clicking 'Submit Application' you are not agreeing to purchase coverage. If terms can be offered you will receive a free, no-obligation insurance quotation via email. All quotes require underwriter's approval and payment prior to binding. Please read all exclusions indicated on the quotation.

Please note that once coverage is bound, the policy cannot be cancelled.

The insurance quotation will be based solely on the coverages and limits selected on this application.

Please ask your Film Emporium, Inc. representative to further explain coverage details, exclusions (including stunts and/or other hazardous activities), limits or other provisions of any insurance policy, or to request a sample policy form.

By submitting this application you indicate that you have read and accepted the Terms and Conditions above.

APPLICANT SIGNATURE

Applicant legal name	Authorized representative name
Title	**Date mm/dd/yyyy**
Authorized signature	

NY License # BR-1001302 | CA License # 0I36156 | In CA dba New York Film Emporium Insurance Services. BR8

The PDF includes a digital signature field. Use compatible PDF signing software. In Word, use the signature area and your preferred signing method.

Broker review BR6: References above to clicking Submit Application or a link are retained source wording. State notices are included on the following pages.

State fraud notices

Broker review BR7: Existing Film Emporium state notices are reproduced without substantive correction. Confirm current jurisdiction-specific wording and applicability before release.

ALASKA: A person who knowingly and with the intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information is guilty of a felony.

ARKANSAS: 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 may be guilty of a crime and subject to fines and confinement in prison.

CALIFORNIA: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in prison. Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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 policy holder 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.

DELAWARE: Any person who knowingly, and with the intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 other person. Penalties include imprisonment and/or fines. In addition, any 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 false statement of claim or an application) containing any false, incomplete or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punish able by fines, imprisonment or both.

IDAHO: Any person who knowingly, and with the intent to defraud or deceive any false, incomplete or misleading information is guilty of a felony.

INDIANA: A person who knowingly and with the intent to defraud an insurer files a statement of claims containing any false, incomplete or misleading information commits a felony.

KENTUCKY: Any person who knowingly and with the intent to defraud an 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.

LOUISIANA, MAINE AND TENNESSEE: Any person who knowingly and with the intent to defraud any insurance company or another person, files a statement of claim contain 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, subject to criminal prosecution and civil penalties. Insurance benefits may also be denied.

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.

NEBRASKA: Any person who knowingly presents false information in an application for insurance or viatical settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

State fraud notices continued

Broker review BR7: Existing Film Emporium state notices are reproduced without substantive correction. Confirm current jurisdiction-specific wording and applicability before release.

NEVADA: Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

NEW HAMPSHIRE: Any person who, with the purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

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

NEW MEXICO: Any person who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any persons who knowingly and with the 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.

OHIO: Any person who, with the 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.

OKLAHOMA: WARNING: Any person who knowingly and with the 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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Any person who knowingly and with the 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

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.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: 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.