

TOURING ENTERTAINERS APPLICATION

Please do not print this form. Simply fill in the blanks, save and submit/email to [insurance@filmemporium.com](mailto:insurance@filmemporium.com).

1. **APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insured name: | |  | | | | | | | | | | |
| Entity Type: | | LLC  LLP  Corp.  Individual  Non-Profit | | | | | | | | | | |
| Primary Address: (No PO Boxes) | |  | | | | | | | | | | |
| City: |  | | | State: | |  | | | Zip code: |  |
| Mailing Address  (If different from primary): | |  | | | | | | | | | | |
| City: |  | | | State: | |  | | | Zip code: |  |
| Contact name: |  | | | | | | | | | | | |
| Phone #: |  | | Alternate phone #: |  | | | Fax #: | |  | | | |
| E-mail address: |  | | | | | | | | | | | |
| Website: |  | | | | | | | | | | | |
| Description of business operations: | | |  | | | | | | | | | |
| Year Established: | | |  | | Phone: | | | | | Email: | | |
| Federal ID/SS Number: | | |  | | State: | | | | |  | | |
| Name of Officers/Partners and ownership percentage: | | | | | | | | | | | | |

1. **INSURANCE HISTORY (If any under entity name listed in section 1.)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Any insurance declined or cancelled in the past 3 years (not applicable in MO)? | | | | | | | Yes  No | |
| If yes, please explain: | |  | | | | | | |
| Any Prior Insurance Coverage? | | | | | | | Yes  No | |
| If yes, please provide details below: | | | | | | | | |
| **Policy type** | | | **Carrier** | | **Policy #** | **Expiration date** | | **Premium paid** |
|  | | |  | |  |  | | $ |
|  | | |  | |  |  | | $ |
| Any losses in the past 3 years? | | | | | | | Yes  No | |
| If yes, please provide details below: | | | | | | | | |
| **Policy type** | **Date of loss** | | | **Description of loss** | | | | **Amount of loss** |
|  |  | | |  | | | | $ |
|  |  | | |  | | | | $ |

1. **GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| Number of Shows, US & Canada (Estimated): |  | |
| Number of Shows, International (Estimated): |  | |
| Annual Payroll: |  | |
| Number of employees: |  |  |

1. **ARTIST INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | | **4** |
| **Name of Artist:** |  |  |  | |  |
| **Date of Birth:** |  |  |  | |  |
| **Profession of Artist** |  |  |  | |  |
| If a musician: |  | | | | |
| **Name of Band:** |  |  |  | |  |
| **Genre of Music:** |  |  |  | |  |
| Does Artist/Group engage in live performances? | | | | Yes  No | |
| Does Artist/Group engage in nightclub performances? | | | | Yes  No | |
| Estimate number of weeks Artist/Groups expects to perform during upcoming term and types of venues: | | | |  | |
| Estimated number of performances per week (please attach schedule from last year, should current information be unavailable): | | | |  | |

1. **HOUSE BANDS & COVER BANDS**

|  |  |
| --- | --- |
| 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.

1. **TOUR DETAILS**

|  |  |
| --- | --- |
| Name of Tour: |  |
| Description of Tour: |  |
| Tour Dates: | From       to |
| Total Payroll: |  |
| Name of Promoter or Production Company: |  |
| Who is responsible for spectator liability? |  |
| If not responsible, is Applicant named as an Additional Insured on other party’s policy? | Yes  No |
| 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 |
| If Independent Contractors, are Certificates of Insurance obtained by Applicant? | Yes  No |
| Will Applicant be named as an Additional Insured on other’s policy? | Yes  No |
| How is personnel and equipment transported between performances? |  |
| Does 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 |  |
| Does Applicant lease or rent any facilities for performances?  If yes, provide details: | Yes  No |
| Specify State of hire for employees: |  |
| Is Applicant responsible for rented vehicles? | Yes  No |
| **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? |  |
| Provide details of any spectators previously injured during a performance: |  |
| **Security:** | |
| Is security handled by an outside company? | Yes  No |
| Is a certificate of insurance obtained? | Yes  No |

1. **SCHEDUAL OF SHOWS**

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

1. **DATES OF COVERAGE**

|  |  |
| --- | --- |
| Coverage Start Date: |  |
| Coverage End Date: |  |

1. **GENERAL LIABILITY**

Select limits by clicking on the drop down menu to the right.

|  |  |
| --- | --- |
| Select General Liability limit: |  |
| City Certificates: | Include  Exclude |
| Waiver of Subrogation: | Include  Exclude |
| Throwing Objects Exclusion: | Include  Exclude |
| Employee Benefits Liability: | Include  Exclude |
| Stop Gap Liability (OH, WA, ND, WY only): | Include  Exclude |

1. **EXCESS LIABILITY (Umbrella Liability)**

Select limits by clicking on the drop down menu to the right.

|  |  |
| --- | --- |
| Excess Liability (Umbrella Liability):  (Increases the limit of General & Auto Liability by the amount selected. These excess limits cab be included when required by contract) |  |

1. **AUTO**

|  |  |
| --- | --- |
| Hired & Non-Owned Auto Liability: | Include  Exclude |
| Waiver of Subrogation: | Include  Exclude |
| Hired & Non-Owned Auto Physical Damage: |  |

1. **INLAND MARINE (Property Coverage)**

Indicate total replacement value for each desired coverage.

|  |  |
| --- | --- |
| Rented Equipment:  (Camera, sound, lighting, etc.) | **$** |
| Rented Props, Sets & Wardrobes: | **$** |
| Owned Equipment: (Coverage is specifically for gear owned by the entity listed in question 1. Gear owned by crew members should be included in your Rented Equipment limit. Use of their gear must be included in deal memos.) | $ |
| Extra Expense: (Provides re-shoot coverage due to property failure) | Include  Exclude |
| Third Party Property Damage: (Provides coverage for physical damage to any premises in your care, custody or control) |  |
| EDP: | Include  Exclude |
| Limited Computer Virus: | Include  Exclude |
| Accounts Receivable: | Include  Exclude |
| Valuable Papers: | Include  Exclude |
| Money and Securities: | Include  Exclude |
| Waiver of Subrogation: | Include  Exclude |
| Worldwide Coverage: | Include  Exclude |

1. **ANY ADDITIONAL INFORMATION OR COVERAGE REQUEST(S):**

|  |
| --- |
|  |
|  |

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| --- |
| Terms and Conditions |
| **Please carefully review the Terms and Conditions below:**     * 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.** |

**Group Travel Accident** – to protect accidental death & dismemberment coverage to all your employees and independent contractors while traveling and while on location.

**Errors & Omissions Liability** – to protect you from claims alleging copyright and trademark infringement, invasion of privacy, plagiarism, defamation of character and other related media perils.

**Employee Benefits Liability** – to protect you from claims alleging wrongful acts, errors or omissions in administering your employee benefit plans

**Fiduciary Liability** – to protect you from claims alleging wrongful acts, errors or omissions in the administration of your pension plans.

**Kidnap & Ransom** – to provide the funds and experienced security personnel to negotiate the ransom demand and/or extortion demand.

**Directors & Officers liability** – to provide protection to the directors & officers of the corporation in their capacity as officers & directors from claims alleging wrongful acts.

**Non-Owned Aircraft liability** – to protect you if you charter an aircraft

**Non-Owned Watercraft liability** – to protect you if you charter an watercraft for both the hull and liability exposure

**Weather Insurance** – to provide reimbursement for the expenses and/or potential lost revenue associated with a specific event.

**Umbrella liability** would provide higher limits of liability coverage over the General Liability, Auto liability and employers liability.

**Employment Practices Liability** – would provide coverage for claims alleging wrongful termination, sexual harassment and discrimination from past, present or potential employees.

State Notifications:

**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.

**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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  |  | |
| Signature (Please type first and last name.) | |  |  | Date (mm/dd/yyyy) | | |
|  | | |  |  | |
| Title |  | | | |

NY License # BR-1001302            
CA License   # 0I36156 dba in CA as New York  
Film Emporium Insurance Services

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