



APPLICATION FOR: Agents and Managers General Liability

Please complete this application, in addition to ACORD 125 and ACORD 126, and send all attachments.

Agent/Broker: _____ Date: _____
Address: _____ City/State/Zip: _____
Contact Name: _____ Phone Number: _____
Contact Email: _____ Fax Number: _____
Insured Email: _____

APPLICANT INFORMATION

- 1. Name of Applicant: _____
2. Address: _____ City/State/Zip: _____
3. Applicant is: [] Agent [] Manager [] Record Label [] Other: _____
4. Years of experience in this capacity: _____
5. If applicant is a record label, provide the years of experience in the music industry: _____
6. For each proposed Named Insured Entity, provide the following:

Table with 7 columns: Entity Name & Website, Entity Type, Describe Entity Operations, Year Established, State Entity was Established, Describe Ownership of Entity, Number of Employees

- 7. Does the applicant have any merchandising operations? [] Yes [] No
If yes, describe the product type and where sold: _____
Does the applicant design, manufacture or distribute the product? [] Yes [] No
Do others manufacture on the applicant's behalf? [] Yes [] No
If yes, are certificates of insurance obtained from the manufacturer of the products? [] Yes [] No

8. Describe the range of client services the applicant provides: _____

9. List the applicant's licensing, training or other credentials: _____

- 10. Does the applicant have contract negotiation authority? [] Yes [] No
If yes, please describe: _____

- 11. Does the applicant contract directly with venues on behalf of the applicant's clients? Agents and Managers Application 112322 [] Yes [] No

- Are clients required to carry their own insurance? Yes No
- Do such contracts hold the applicant harmless? Yes No
- Is the applicant named as an additional insured on the client's primary insurance? Yes No

12. Describe the type of clients managed/represented: _____

13. Provide the number of clients managed/represented: _____

14. Are any of the applicant's clients involved in non-entertainment business ventures? Yes No

If yes, please describe: _____

15. Does the applicant use a standard client contract outlining specific responsibilities? Yes No

If yes, please attach a copy.

16. Does the applicant arrange for security personnel? Yes No

If yes, please describe: _____

17. Does the applicant agree to hold any third parties harmless? Yes No

If yes, please describe (attach copies of any hold harmless agreements in which applicant has assumed liability):

18. For any subcontracted activities, does the applicant obtain certificates? Yes No

Describe any subcontracted activities: _____

19. Does the applicant have professional liability coverage? Yes No

20. Provide prior insurance coverage (carrier, policy type, and effective dates):

Carrier	Policy Type	Effective Dates

21. Provide prior loss information (3 year history, including date, description and amount):

Date of Loss	Description of Loss	Amount

22. General Liability (GL) coverage requested:

Requested effective date (annual policy)	GL occurrence/aggregate limits	Premises damage limit	Employee Benefits Liability coverage
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe additional insureds' coverage requested: _____

Describe other requested coverage: _____

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