



APPLICATION for: **CREW COVER**

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**SECTION I. APPLICANT INFORMATION**

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1. Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_
2. Name of proposed Insured ("Applicant"): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Insured's Email Address: \_\_\_\_\_

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**SECTION II. BUSINESS INFORMATION**

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1. Type of work (Check all that apply):  

<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Backline	<input type="checkbox"/> Production Assistant	<input type="checkbox"/> Production Manager
<input type="checkbox"/> Operations Manager	<input type="checkbox"/> Rigger	<input type="checkbox"/> Sound	<input type="checkbox"/> Stage Manager
<input type="checkbox"/> Pyro	<input type="checkbox"/> Tour Manager	<input type="checkbox"/> Security	<input type="checkbox"/> Automation Programming Technician
<input type="checkbox"/> Stage/Set Construction	<input type="checkbox"/> General Crew	<input type="checkbox"/> Lighting Tech/Designer	
2. Please provide a description of your business activities: \_\_\_\_\_
3. Do you sign venue contracts making you responsible for any event / project you are working on? ☐ Yes ☐ No
4. Do you rent your equipment to others for events / projects you are NOT working on? ☐ Yes ☐ No
5. Do you hire-in subcontractors?  
If yes, are they required to provide evidence of insurance? ☐ Yes ☐ No
6. Do you have any employees? ☐ Yes ☐ No
7. How many years in business? \_\_\_\_\_ How many years of experience? \_\_\_\_\_
8. Are you a member of the Event Safety Alliance? ☐ Yes ☐ No  
If yes, please provide your member number: \_\_\_\_\_
9. If you provide rigging, are you ETCP certified? ☐ Yes ☐ No
10. Please provide details of any training or any other credentials: \_\_\_\_\_
11. Have you filed for bankruptcy within the last 3 years? ☐ Yes ☐ No
12. Have you had any claims? ☐ Yes ☐ No  
If yes, please provide description of loss and value: \_\_\_\_\_
13. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

14. Convictions, non-traffic violations?

☐ Yes ☐ No

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### SECTION III. COVERAGE

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1. What is your Gross Revenue for the next 12 months? \_\_\_\_\_

2. Do you need to add a **specific** additional insured to your policy (Blanket AI is automatically included)?

☐ Yes ☐ No

*Written contract needs to be in place to add an additional insured*

3. Business Name: \_\_\_\_\_

Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Reference Number: \_\_\_\_\_

4. Do you need a Waiver of Subrogation?

☐ Yes ☐ No

Business Name: \_\_\_\_\_

Type: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Reference Number: \_\_\_\_\_

5. Do you have jobs which require you to travel internationally?

☐ Yes ☐ No

6. How many days do you plan to work outside of the U.S.? \_\_\_\_\_

7. Name the cities that you will visit: \_\_\_\_\_

8. Do you need worldwide coverage specifically to General Liability?

☐ Yes ☐ No

9. Are you interested in Hired and Non-Owned Auto Insurance?

☐ Yes ☐ No

10. Are you interested in Hired and Non-Owned Physical Damage Insurance?

☐ Yes ☐ No

11. Are you interested in Excess limits?

☐ Yes ☐ No

If yes, please advise limits needed: \_\_\_\_\_

12. Are you interested in Accident Medical Insurance?

☐ Yes ☐ No

**The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.**

**It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.**

**It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.**

Submitted by: \_\_\_\_\_

(Agent)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Please Print)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this completed application to [ESACrewCover@aliverisk.com](mailto:ESACrewCover@aliverisk.com).