



APPLICATION for: **Entertainers**

Please complete this application, in addition to Acord 125 and Acord 126.

Agent/Broker: _____ Date of Application: _____
Address: _____
Contact: _____ Telephone Number: _____
Email: _____ Fax Number: _____

APPLICANT INFORMATION

1. Name of applicant: _____
2. Number of band members: _____
3. Type of music band plays:
[] Country [] Rap [] Classical [] Hard rock/heavy metal
[] R&B [] Pop [] Jazz [] Other (please explain): _____
4. Estimated number of concerts /performances (attach itinerary): _____
5. What are the annual record sales? \$ _____
6. Estimated annual payroll amount: \$ _____
7. Internet address: _____
8. Type of facilities where group performs:
[] Nightclub [] Bar [] Stadium [] Indoor theater [] Concert hall [] Other: _____
9. Is applicant signing any lease of premises agreements with performance venue owners? [] Yes [] No
If yes, attach a copy.
10. Does applicant's act contain any unusual props, set pieces, stunts, laser lighting or pyrotechnics? [] Yes [] No
11. Does applicant currently have an album/CD out in the stores? [] Yes [] No
12. Are any of the songs currently getting any airplay on TV and/or radio? [] Yes [] No
If yes, please describe: _____
13. Estimated number in attendance at each concert:
Smallest: _____ Largest: _____ Average size: _____
14. Number years experience applicant has as a single/performer: _____
15. Attach schedule of equipment. Describe burglary and fire protection measures of equipment when in storage and when on the road.

16. Estimated cost of hire for: Buses \$ _____ Other than buses \$ _____

Please supply copies of all busing/trucking contracts.

17. Describe throwing/tossing of objects by applicant. What is thrown/tossed during performances?

18. Does the group self-promote? Yes No

If yes, please describe: _____

19. Is there a separate promoter who signs the lease of premises agreement with performance venues? Yes No

If yes, please describe: _____

20. Who is responsible for spectator liability? _____

a) If not responsible, is applicant named as an additional insured on another policy? Yes No

b) Will applicant obtain a certificate of insurance? Yes No

21. Indicate and provide details on the following operations/activities which are performed by you, your employees or subcontractors:

	Insured	Subcontractors	Details
Staging/lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Audio/video rigging	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Merchandise sales	<input type="checkbox"/>	<input type="checkbox"/>	

22. For all subcontracted operations, are certificates obtained by the applicant? Yes No

23. Describe any special effects, rigging and/or staging planned, or any animals to be used:

24. Attach prior and current schedules.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

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