

**ENTERTAINER SUPPLEMENTAL  
APPLICATION**



1. INSURED NAMES(S): \_\_\_\_\_
  
2. Mailing Address:  
\_\_\_\_\_  
*Street1* *Street2*  
\_\_\_\_\_  
*City* *State* *ZIP Code* *County*
  
3. **Location Address:**  
 -Same as Mailing  
\_\_\_\_\_  
*Street1* *Street2*  
\_\_\_\_\_  
*City* *State* *ZIP Code* *County*
  
4. Type of Entity     Individual     Partnership     Corporation     LLC
  
5. Type of Music played: (i.e., Country, Christian, Rock, R&B, Etc.) \_\_\_\_\_
  
6. Number of band members: \_\_\_\_\_
  
7. Estimated number of concerts/performance. (attached itinerary) \_\_\_\_\_
  
8. Is applicant signing any lease/premises agreements for performance venue owners?  Yes  No  
If yes, attach copy(ies).
  
9. Does applicant's act contain any unusual props, set pieces, stunts, laser lighting or pyrotechnics?  
If YES to any, please describe.  
\_\_\_\_\_
  
10. Does applicant currently have an album/CD out in the stores?     Yes  No  
Are any of the songs currently getting any airplay on radio and/or TV?     Yes  No
  
11. What is the largest and average capacity venue in which the group performs? \_\_\_\_\_
  
12. How many years' experience does the applicant have as a singer/performer? \_\_\_\_\_
  
13. What is the applicants' Federal Employer ID Number? \_\_\_\_\_
  
14. Attach a schedule of Equipment. Describe any burglary and fire protection measures of equipment when in storage and when on the road.

15. FOR OWNED AUTOS: Provide complete vehicle schedule. Attach additional pages as needed.

YEAR (1999)	MAKE (Ford)	TYPE/SIZE/WEIGHT (Tractor-Trailer, Auto)	VIN# (17 Digits)	VALUE (Cost New)

What Comprehensive Deductible desired: \_\_\_\_\_  
 What Collision Deductible desired? \_\_\_\_\_

16. Estimated annual Cost of Hire for Buses: \_\_\_\_\_  
 Estimated annual Cost of Hire other than Buses: \_\_\_\_\_

Does the Leasing Company provide primary insurance coverage?  Yes  No

17. Describe *Throwing/Tossing of Objects* habits by the applicant.  
 What is thrown/tossed during performances: \_\_\_\_\_  
 How often: \_\_\_\_\_

18. Driver Information:

Name of Driver	Date of Birth	License Year	License Number	License State	Use Veh #

19. Provide total estimated annual payroll figures for the following classifications:

Entertainers and Musicians (excluding Officers/Partners) \$ \_\_\_\_\_  
 Managers and Crew \$ \_\_\_\_\_  
 Drivers \$ \_\_\_\_\_  
 Clerical \$ \_\_\_\_\_  
 How many full-time domestic employees to be covered: Inside \_\_\_\_\_ / Outside \_\_\_\_\_  
 How many part-time domestic employees to be covered: Inside \_\_\_\_\_ / Outside \_\_\_\_\_  
 Officer/Partner Payroll Figures (list each officer/partner separately) -

Name _____	Duties _____	Payroll \$ _____
Name _____	Duties _____	Payroll \$ _____
Name _____	Duties _____	Payroll \$ _____
Name _____	Duties _____	Payroll \$ _____
Name _____	Duties _____	Payroll \$ _____

20. What is the estimated annual receipts for Souvenir Sales: \$ \_\_\_\_\_

21. Are any foreign shows planned:  Yes  No  
 Is this a special tour of 5 days or more:  Yes  No  
 Do you wish to arrange for special coverage:  Yes  No

**Completed By:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

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