

Performance Artist Application

Applicant Information

Applicant name: _____ Application date: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 Phone: _____ Website: _____ Applicant's email: _____
 Type of entity: Individual Partnership Corporation LLC Nonprofit Other

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

Principal performers:

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Information

Requested effective date of coverage: _____

Is the applicant's current insurance company offering renewal? Yes No

If no, please explain: _____

Has the applicant's insurance ever been canceled or non-renewed? Yes No

If yes, please explain: _____

Estimated number of concerts/performances per year: _____

Annual payroll amount: _____

Is the applicant an opening act for another band? Yes No

If yes, who is the headliner? _____

Indicate by percentage the types of venues in which the applicant performs:

_____ % Clubs (under 500)	_____ % Clubs (501-1,000)	_____ % Clubs (over 1,000)
_____ % Music hall (under 1,000)	_____ % Music Hall (1,001-5,000)	_____ % Music hall (over 5,000)
_____ % Arenas (under 5,000)	_____ % Arenas (5,001-10,000)	_____ % Arenas (over 10,000)
_____ % Stadiums (under 25,000)	_____ % Stadiums (25,001-50,000)	_____ % Stadiums (over 50,000)
_____ % Auditoriums (under 1,000)	_____ % Auditoriums (1,001-5,000)	_____ % Auditoriums (over 5,000)
_____ % Grandstands	_____ % Open-air amphitheaters	_____ % Open fields

Please indicate the applicant's music genre:

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> Alternative/indie rock | <input type="radio"/> Country/bluegrass/folk | <input type="radio"/> New age |
| <input type="radio"/> Big band | <input type="radio"/> Electronics/DJ | <input type="radio"/> Pop/top 40 |
| <input type="radio"/> Children's | <input type="radio"/> Heavy metal/grunge/punk | <input type="radio"/> R&B |
| <input type="radio"/> Church/religious | <input type="radio"/> Hip hop/rap | <input type="radio"/> Reggae |
| <input type="radio"/> Classical/easy listening | <input type="radio"/> Jazz | <input type="radio"/> Rock & roll |
| <input type="radio"/> Comedy | <input type="radio"/> Latin | <input type="radio"/> Other: _____ |

Does the applicant currently have an album/CD for sale in stores? Yes No

Are any songs from the applicant's recordings currently receiving TV and/or radio airplay? Yes No

Does the applicant sign the Lease of Premises Agreement with performance venues? Yes No

If yes, please describe: _____

Does the applicant lease or rent any facilities for performances? Yes No

If yes, provide details: _____

General Information *(Continued)*

Is the applicant responsible for spectator liability? Yes No

If the applicant is not responsible, is the applicant named as an Additional Insured on another party's policy? Yes No

Does the applicant obtain a Certificate of Insurance? Yes No

If no, please explain: _____

Please list any Additional Insureds to be included on the applicant's policy:

Additional Insured	Relationship to the applicant

Does the applicant require product and service providers to list the applicant as an Additional Insured? Yes No

Does the applicant obtain a Certificate of Insurance from each provider, as evidence of the applicant's status as an Additional Insured on their policy? Yes No

Does the applicant require promoters to list the applicant as an Additional Insured? Yes No

Functional Responsibility

Please list any Additional Insureds to be included on the applicant's policy:

Activity	Applicant performs	Subcontracted	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"/>	

For all subcontracted operations, does the applicant obtain Certificates of Insurance? Yes No

Will the applicant be named as an Additional Insured on subcontractor policies? Yes No

What limits are required? _____

How are personnel and equipment transported between performances?

Does the applicant provide transportation for employees and/or non-employees? Yes No

Do others furnish transportation for the applicant's employees? Yes No

What is the maximum number of persons traveling together? _____

Please list state(s) of hire for employees: _____

Functional Responsibility *(Continued)*

Is the applicant responsible for rented vehicles? Yes No

Does the applicant use pyrotechnics in any performances? Yes No

If yes, does the applicant use an independent contractor? Yes No

If the applicant uses independent contractor, does the applicant obtain Certificate of Insurance evidencing coverage and naming the applicant as an Additional Insured? Yes No

Describe types of pyrotechnics and size of charges to be used:

Describe safety precautions:

Describe any special or unusual effects, rigging/staging, or animals to be used:

Does the applicant throw or toss any objects during performances? Yes No

If yes, please describe what is thrown or tossed and how often during each performance:

Does the applicant ever invite concert-goers on to the stage? Yes No

If yes, please describe:

Does the applicant go into the audience to perform? Yes No

If yes, please describe:

Describe any other operations the applicant is involved in:

Please describe loss experience for the past 5 years (Attach separate sheet if needed):

Submission Requirements

This application requires additional documentation:

- Performance itinerary

Completed applications and additional documentation can be submitted by email to info@aes.uuw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

*Applies in MD Only.

Applicable in CA

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

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 policyholder 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.

Applicable in DC

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, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KS

A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY

Any person who knowingly and with intent to defraud any insurance company or other 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.

Applicable in ME

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NM

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 civil fines and criminal penalties.

Applicable in NY

Any person who knowingly and with 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.

Applicable in OH

Any person who, with 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.

Fraud Statements / Signature

Applicable in OK

WARNING: Any person who knowingly, and with 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.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PA

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in TN and VA

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.

Applicable in WA

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER