

# 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 field

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:

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Describe safety precautions:

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

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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:

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

If yes, please describe:

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

If yes, please describe:

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Describe any other operations the applicant is involved in:

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

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## Submission Requirements

*This application requires additional documentation:*

- Performance itinerary

**Completed applications and additional documentation can be submitted by email to [info@aes.auw.com](mailto:info@aes.auw.com).**

# Fraud Statements / Signature

The following is part of the Application:

## Applicable in AL, AR, DC, LA, MD, NM, 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 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 FL and OK

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)\*. \*Applies in FL Only.

## Applicable in KS

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, NY, OH and 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

## Applicable in ME, TN, VA and WA

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 and denial of insurance benefits Applies in ME Only.

## 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 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 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.

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