



## Application for Entertainers and Promoters Insurance

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### Instructions on Completing This Form:

The Applicant(s) must give a fair presentation of the risk to be insured by disclosing all material matters or circumstances which the Applicant(s) knows or ought to know. A matter is material if it would influence the judgement of a prudent underwriter as to whether to accept the risk, or the terms of the insurance (including premium). For these purposes, the Applicant(s) knows material matters which are known to its senior management, or anybody responsible for arranging its insurance. The Applicant(s) also knows material matters which should reasonably have been revealed by a reasonable search of information available to it, which includes information held by third parties. The Applicant(s) should therefore conduct a reasonable search of such information. The Applicant(s) must disclose all material matters and circumstances known to it in a reasonably clear and accessible way, whether or not they are the subject of a specific question in this Application Form and any appendices ('Application Form').

Please answer all questions fully and tick all relevant boxes. If there is insufficient space provided to answer questions fully or if there are any material matters or circumstances not specifically covered by a question in this Application Form, they must be listed on a separate sheet of paper which must be signed, dated and attached.

Where there is reference to a defined term in this Application Form these are outlined in full in the applicable Contract of Insurance wording.

For further details or if there is any doubt as to what facts or circumstances should be disclosed, the Applicant(s) should contact their insurance broker.

Upon completion, please sign and return this form to your Insured Creativity representative or to [underwriting@insuredcreativity.com](mailto:underwriting@insuredcreativity.com) and include the following where applicable:

- Tour/Performance Schedule
- List of Any Support Crew/Contractors
- Contracts Signed with Promoters or Venues
- Rental Equipment Agreement & Inventory List (if applicable)

We strongly urge that you retain a copy of this proposal.

Please approach us with any questions you may have. We look forward to working with you.

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Please complete the following:

Broker Information:

|                                                          |                              |                             |  |
|----------------------------------------------------------|------------------------------|-----------------------------|--|
| Brokerage Name:                                          |                              |                             |  |
| Contact Name:                                            |                              |                             |  |
| Email:                                                   |                              |                             |  |
| Telephone:                                               |                              |                             |  |
| Are you the incumbent broker:                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| If "Yes", how many years have you been broker of record: |                              |                             |  |

Applicant / Insured Information:

|                                                                |        |                     |  |
|----------------------------------------------------------------|--------|---------------------|--|
| Named Insured as it should appear on the policy:               |        |                     |  |
| Description of Operations:                                     |        |                     |  |
| Mailing Address:                                               |        |                     |  |
| City:                                                          |        | Province/Territory: |  |
| Country:                                                       | CANADA | Postal Code:        |  |
| Telephone:                                                     |        | Email:              |  |
| Additional Insured(s) including relationship to Named Insured: |        |                     |  |
| Province & Date of Incorporation:                              |        |                     |  |

Entertainer / Promoter General Information:

|                                                                                                                                                               |                                           |                                            |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------|-----------------------------------|
| The Applicant role is:                                                                                                                                        | <input type="checkbox"/> Entertainer      | <input type="checkbox"/> Promoter          | <input type="checkbox"/> Other    |
| Please describe:                                                                                                                                              |                                           |                                            |                                   |
| Number of concerts/performance:                                                                                                                               |                                           | Revenue from performances:                 |                                   |
| Estimated annual payroll amount:                                                                                                                              |                                           |                                            |                                   |
| Type of facilities performing (please select all that apply):                                                                                                 | <input type="checkbox"/> Live Music Venue | <input type="checkbox"/> Bar/Taverns/Pubs  | <input type="checkbox"/> Theatres |
|                                                                                                                                                               | <input type="checkbox"/> Outdoor Venues   | <input type="checkbox"/> Outdoor Festivals | <input type="checkbox"/> Other:   |
| Is the Applicant signing any lease of premises agreements with performance venue owners? If yes, attach a copy. If a separate promoter, please attach a copy. | <input type="checkbox"/> Yes              | <input type="checkbox"/> No                |                                   |



| Does the act contain any unusual props, set pieces, stunts, laser lighting or pyrotechnics?                                                                            |                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Does the act currently have an album/CD out in the stores?                                                                                                             |                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Estimated number in attendance at each event:                                                                                                                          |                                                                                                           |                              |                             |
| Smallest:                                                                                                                                                              |                                                                                                           |                              |                             |
| Largest:                                                                                                                                                               |                                                                                                           |                              |                             |
| Average Size:                                                                                                                                                          |                                                                                                           |                              |                             |
| Number of years' experience the applicant has as an entertainer/promoter:                                                                                              |                                                                                                           |                              |                             |
| Describe burglary and fire protection measures of equipment when in storage and when on the road:                                                                      |                                                                                                           |                              |                             |
| Estimated cost of hire for:                                                                                                                                            |                                                                                                           |                              |                             |
| Buses:                                                                                                                                                                 | \$                                                                                                        |                              |                             |
| Other than buses:                                                                                                                                                      | \$                                                                                                        |                              |                             |
| Does the act include thrown/tossed objects during a performance. What is thrown/tossed during performances?                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", describe:                           |                              |                             |
| If the Applicant is an Entertainer, do they self-promote?                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No", provide the name of the promoter(s): |                              |                             |
| Who is responsible for spectator liability?                                                                                                                            | <input type="checkbox"/> Venue <input type="checkbox"/> Promoter <input type="checkbox"/> Applicant       |                              |                             |
| If the Applicant is not responsible:                                                                                                                                   |                                                                                                           |                              |                             |
| a) Is the Applicant named as an Additional Insured on another policy?                                                                                                  |                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Will the Applicant obtain a certificate of insurance?                                                                                                               |                                                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Indicate and provide details on the following operations/activities which are performed by the Applicant, the Applicant's employees or the Applicant's 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"/>     |                             |
| First-Aid/CPR:                                                                                                                                                         | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>     |                             |
| Merchandise Sales:                                                                                                                                                     | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>     |                             |
| Sound Engineer:                                                                                                                                                        | <input type="checkbox"/>                                                                                  | <input type="checkbox"/>     |                             |



|                                                                                                 |                          |                          |                                                          |
|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------|
| <b>Tour Management:</b>                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |                                                          |
| <b>For all subcontracted operations, are certificates obtained by the Applicant?</b>            |                          |                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Describe any special effects, rigging and/or staging planned, or any animals to be used:</b> |                          |                          |                                                          |
|                                                                                                 |                          |                          |                                                          |

### Coverage Requirements:

|                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------|
| <b>Commercial General Liability:</b>                                                                                           | <input type="checkbox"/> \$1,000,000                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$5,000,000                     |
| <b>Participant Accident:</b>                                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                          |                                      |                                                          |
| <b>If "Yes" please select the Limit of Insurance:</b>                                                                          | <input type="checkbox"/> \$10,000 Principal Sum; \$1,000,000 in the Aggregate<br><input type="checkbox"/> \$25,000 Principal Sum; \$1,000,000 in the Aggregate<br><input type="checkbox"/> \$50,000 Principal Sum; \$1,000,000 in the Aggregate<br><input type="checkbox"/> \$100,000 Principal Sum; \$1,000,000 in the Aggregate |                                      |                                                          |
| <b>If "Yes" please enter:</b>                                                                                                  | Number of volunteers:                                                                                                                                                                                                                                                                                                             |                                      | <input type="checkbox"/> N/A                             |
|                                                                                                                                | Number of directors:                                                                                                                                                                                                                                                                                                              |                                      | <input type="checkbox"/> N/A                             |
| <b>Does the Applicant serve alcohol at their events?</b>                                                                       |                                                                                                                                                                                                                                                                                                                                   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Who is responsible for/holds the liquor license:</b>                                                                        | <input type="checkbox"/> Applicant                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Venue       | <input type="checkbox"/> Caterer                         |
| <b>If the Applicant serves alcohol at their events, please complete the Supplemental Application for Liquor Liability.</b>     |                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |
| <b>Property (additional application required):</b>                                                                             |                                                                                                                                                                                                                                                                                                                                   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If Property Cover is required, please complete the Application for Commercial Property Insurance.</b>                       |                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |
| <b>Event Cancellation and Non-Appearance (additional application required):</b>                                                |                                                                                                                                                                                                                                                                                                                                   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If Event Cancellation and Non-Appearance Cover is required, please complete the Application for Cancellation Insurance.</b> |                                                                                                                                                                                                                                                                                                                                   |                                      |                                                          |



## DECLARATION:

This section to be completed by the Client (Insured).

I/we confirm that the information given in this Application Form including any attachment(s) provided to support this Application, whether in my/our own hand or not, is correct.

I/we declare that I/we have made a fair presentation of the risk by disclosing all material matters and circumstances which would influence a prudent underwriter's assessment of the risk which we know or ought to know including my/our senior management or anybody responsible for arranging my/our insurance, having conducted a reasonable search of the information available to me/us (including information held by third parties) in order to reveal those facts and circumstances. Failing that, I/we have given Underwriters sufficient information to put a prudent Underwriter on notice that it needs to make further enquiries in order to reveal material matters or circumstances, whether or not those matters, and any material matters or circumstances are not specifically covered by a question in this Application Form, I/we the Applicant(s) accept these conditions as the proposed Insured or agent of the proposed Insured.

It is understood that the signing of this Application Form does not bind the Applicant(s) to complete or Underwriters to accept this insurance.

I/we the Applicant(s) also agree that in the event any information contained in any completed Application Form and/or supplied to support this Application Form or other application for this insurance changes or becomes incorrect such as to constitute a material alteration to the risk prior to the inception date of the insurance, I/we will advise Underwriters in writing immediately on becoming aware of such changes. In such circumstances, Underwriters will be entitled to re-assess the Application for insurance, including but not limited to withdrawing any prior agreement to provide cover.

The person signing this Form is duly authorized to do so on behalf of the Applicant(s).

By submitting this application, I/we consent to the collection, use and disclosure of personal information as defined in the Privacy Policy found on Insured Creativity Inc.'s website.

Generally, information is collected and stored for the following purposes:

- The communication with policyholders
- The underwriting of policies
- The evaluation of claims
- The analysis of business results
- Purposes required or authorized by law

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organizations or companies, their agents, and to certain non-related or unaffiliated organizations or companies, including service providers. These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

Signing this form does not bind the Client to complete this insurance and is subject to acceptance by both parties.

**Signature:** \_\_\_\_\_

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

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

**Position:** \_\_\_\_\_