

# Entertainer's Application

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**Indemnity Insurance Corporation**  
950 Ridgebrook Rd, Suite 1500  
Sparks, MD 21152  
Phone: 410-472-6000  
Fax: 410-472-6020  
www.IICDC.com

## Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Phone:		
Address 2:			Fax:		
Address 3:			Email:		
City:	St:	Zip:	Inception Year:	Tax ID:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					

## Contact Information

### Business Manager

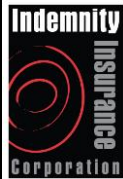
Contact Name:	Address 1:		
Contact Phone:	Address 2:		
Contact Fax:	Address 3:		
Contact Email:	City:	St:	Zip:

### Accountant

Contact Name:	Address 1:		
Contact Phone:	Address 2:		
Contact Fax:	Address 3:		
Contact Email:	City:	St:	Zip:

## Security Information

Security Is:	<input type="checkbox"/> Employees(# Armed)____	<input type="checkbox"/> Private Agency(# Armed)____	<input type="checkbox"/> On-duty Police	<input type="checkbox"/> Off-duty Police
If Private Agency, are certificates requested listing applicant as an additional insured?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any security staff covered under Worker's Comp?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are criminal background checks performed on all security employees?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Will Entertainer(s) provide for own security?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide a detailed description of security arrangement:				



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## Entertainer Information

Member(s) Individual Name(s):

Member 1:	Member 2:
Member 3:	Member 4:
Member 5:	Member 6:
Member 7:	Member 8:
Music/Act Type:	Concert Length:

Nature of Performance (explain):

<input type="checkbox"/> Stunts	<input type="checkbox"/> Dancing	<input type="checkbox"/> Pyro	<input type="checkbox"/> Props	<input type="checkbox"/> Other
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Total # of shows last year:	Total # of shows anticipated for current year:
Foreign Dates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Is there any unusual rigging used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (include who will be doing the rigging):	
Are there any materials thrown from the stage into the audience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Does the band engage in any promoting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:	
Explain procedure for obtaining certificates from promoters showing the band listed as additional insured:	

## Coverage Information

Proposed Effective Date:	Proposed Expiration Date:
<i>Coverage's Requested</i>	<i>Amount</i>
<input type="checkbox"/> H & N/O Auto	
<input type="checkbox"/> Liability	
<input type="checkbox"/> P/Loc. Agg.	
<input type="checkbox"/> Employee Benefits	
<input type="checkbox"/> Excess	



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## Prior Coverage Information (3 Year History)

Coverage's	Year	Prior Carrier	Prior Premiums
H & N/O Auto			
Liability			
Excess			

Prior Loss History (Please explain in detail):