

MUSICIANS, ARTIST & GROUPS SUPPLEMENTAL QUESTIONNAIRE

Policy Number: _____

1. Name of Applicant: _____

2. Address of Applicant: _____

3. Name of Officers/Partners and ownership percentage: _____

4. Name of Artist/Group and describe field of entertainment (if music, specify type and names of people in group and name of latest album): _____

(Please attach press release or BIO)

5. Does Artist/Group engage in live performances? Yes No

Does Artist/Group engage in nightclub performances? Yes No

6. Estimate number of weeks Artist/Groups expects to perform during upcoming term and types of venues: _____

Estimated number of performances per week (please attach schedule from last year, should current information be unavailable): _____

7. If tour is planned, overall dates of tour: _____

Number of U.S. Dates: _____

Number of Canadian Dates: _____

Number of Foreign Dates by country: _____

(Attach current itinerary of schedule performances which should include Date, City, State, Venue of Arena and seating capacity, if available.)

8. Does Applicant lease or rent any facilities for performances? Yes No: If yes, provide details: _____

9. Who is responsible for spectator liability? _____

If not responsible, is Applicant named as an Additional Insured on other party's policy? Yes No

Will Applicant obtain Certificate of Insurance? Yes No: If no, please explain: _____

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10. Is Applicant responsible for any other concert activities, i.e., lighting and sound personnel? Yes No
(if yes, please complete a promoters supplemental)

If Independent Contractors, are Certificates of Insurance obtained by Applicant? Yes No

Will Applicant be named as an Additional Insured on other party's policy? Yes No

11. What method of transportation is used to transport personnel and equipment between performances? _____

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

Is transportation furnished by others for Applicant's employees? Yes No

What is the maximum number of persons traveling together? _____

Specify State of hire for employees: _____

Is Applicant responsible for rented vehicles? Yes No

12. Are pyrotechnics used in any performances? Yes No: If yes, are they done by an Independent Contractor? _____

If Independent Contractor, will Applicant obtain Certificate of Insurance evidencing coverage and naming Applicant as Additional Insured? Yes No

Describe pyrotechnics to be used, and include sizes of charges and types used: _____

Describe safety precautions: _____

13. Describe any special or unusual effects, rigging and/or staging planned, or any animals to be used: _____

14. Provide details of any employees previously injured during performance or while on tour: _____

15. Provide details of any spectators previously injured during a performance: _____

16. Policy period requested: _____

17. Provide details of any other claims: _____

18. Describe any other operations the Applicant is involved in: _____

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Please attach standard Acord Applications with this Supplemental.

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in a way as to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Date Signed: _____

Applicant's Signature: _____

By: _____

Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____