

# International Application Entertainment Shell Corporation

## Applicant Information

Named Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Business Website: \_\_\_\_\_  
 Desired Effective & Expiration Dates: \_\_\_\_\_ - \_\_\_\_\_  
 Requested Quote Date: \_\_\_\_\_

## Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd  
 Address: 179-14 Union Turnpike  
 Fresh Meadows, NY 11366  
 Contact Name: International Applications Dept.  
 Phone#: 718-591-2400 Fax#: 718-380-7151  
 Email Address: application@coveragency.biz  
 Have you been appointed with Cover?  Yes  No

## General Information

**Insured's Field of Entertainment or Profession:** \_\_\_\_\_  
*i.e. actor, director, musician*

**Insured's Professional Credits:** *including any major awards* \_\_\_\_\_

Past loss history (*describe insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years*): \_\_\_\_\_

Any Discontinued or Sold Foreign Operations:  No  Yes If yes, explain: \_\_\_\_\_

Any bankruptcies in last 5 years:  No  Yes If yes, explain: \_\_\_\_\_

Any policy cancelled or non-renewed during past 3 yrs:  No  Yes If yes, explain: \_\_\_\_\_

**Own or Lease Property Outside U.S.?** Yes  No   
 - If Yes, Describe: \_\_\_\_\_

**Own or Operate Other Businesses Outside U.S.?** Yes  No   
 - If Yes, Describe: \_\_\_\_\_

**Standard Loan-out Agreement?** Yes  No  If Yes, check here  to indicate you are providing sample copy as separate attachment.

### Other Exposures?

Body Guards/Security: No  Yes  If Yes, Describe: \_\_\_\_\_

Aircraft: No  Yes  If Yes, Describe: \_\_\_\_\_

Boating: No  Yes  If Yes, Describe: \_\_\_\_\_

Other Unique Exposure: No  Yes  If Yes, Describe: \_\_\_\_\_

**Touring Entertainer?** Yes  No  If Yes, check here  to indicate you are providing itinerary in a separate attachment or check here  to indicate you are providing a separate Musical Touring Group application.

**Other Loan-out/Shell Corporations or Personal Service Corporations?** Yes  No   
 If Yes, List Below, or check here  to indicate you are providing as separate attachment.

Entity Name	Ownership	Operation	Country Incorporated/Domiciled In

**Foreign General Liability: (Per Occurrence Limit)** Standard \$1,000,000 Per Occurrence  Other: \_\_\_\_\_

Total Estimated Foreign Trips: \_\_\_\_\_ # of Leased /Owned Foreign Premises: \_\_\_\_\_  
 Describe other Foreign exposures: \_\_\_\_\_

**Foreign Business Auto Coverage (Excess/DIC only):** Standard \$1,000,000 limit per accident Other: \_\_\_\_\_  
 # of Foreign Rentals: \_\_\_\_\_ # of Foreign Owned Autos: \_\_\_\_\_ # of Foreign Non-Owned Autos: \_\_\_\_\_

**Employers Responsibility: (Foreign Voluntary Compensation, Executive Assistance Services, and Contingent Employers Liability)**

**Contingent Employers Liability:** Standard \$1,000,000 limit Other: \_\_\_\_\_

**Trip Travel Information:**

# Trips	Total # of Employees per Trip	List Countries of Travel	Type of Employee (USN, TCN, or LN)	Job Function (Sales, Technicians, etc)	Average Duration of Trip(s)	If USN, list State of Hire; If TCN or LN, List Country of Origin

Maximum # of employees flying on same flight: \_\_\_\_\_ Maximum # of employees working at the same location: \_\_\_\_\_

Maximum # of employees staying at the same housing site: \_\_\_\_\_

Any flight on non-commercial aircraft (*charter, corporate, helicopter*)?  No  Yes If yes, explain: \_\_\_\_\_

**Foreign Accidental Death & Dismemberment and Medical Expense Coverage - \$50,000 AD&D automatic limit provided**

\$100,000 AD&D  \$250,000 AD&D  \$10,000 Medical Expense  \$25,000 Medical Expense

Is coverage desired for Accompanying Spouses?  No  Yes  \$50,000 AD&D  \$10,000 Medical Expense  \$25,000 Medical Expense # of Spouse(s): \_\_\_\_\_ # Trips: \_\_\_\_\_

Is coverage desired for Accompanying Children?  No  Yes  \$25,000 AD&D  \$10,000 Medical Expense  \$25,000 Medical Expense # of Child(ren): \_\_\_\_\_ # Trips: \_\_\_\_\_

**Kidnap and Extortion Coverage - \$250,000 automatic limit provided – with high hazard country exclusions**

**Additional Applications**

The undersigned authorized officer of the corporation declares to the best of his/her knowledge the statements set forth herein are true. Signing of the application does not bind the undersigned or us, but it is agreed that the information supplied in this form shall be the basis of the contract should a policy be issued.

Signature of Insured's Representative: \_\_\_\_\_  
 Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_  
 Date: \_\_\_\_\_