

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: _____