

International Application Touring Group

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, New York 11366 USA
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

Name of Tour: _____
Tour Description: (Please attach tour itinerary with dates, venues, cities, etc) _____
Name of Promoter: _____
Past loss history (describe or attach loss runs for insured & uninsured foreign losses including losses from local foreign policies that occurred during past 5 years): _____

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: _____

Who is Responsible for Spectator Liability?

Insured Responsible for Concessions or Other Venue Operations? No Yes *i.e. security*
- If yes, describe: _____

Describe any Contracts that may require named insured to assume liability for another party:

Special Hazards Contracted Out? No Yes

If yes, are there waivers and/or disclaimers in favor of the insured No Yes

Body Guards/Security: No Yes If Yes, please describe _____

Pyrotechnics: No Yes If Yes, complete Entertainment Supplement Application

Stunts/Use of Wires: No Yes If Yes, complete Entertainment Supplement Application

Throwing of Objects: No Yes If Yes, please provide details: _____

Artists Go off Stage into Audience: No Yes If Yes, please provide details: _____

Artists Allow Audience onto Stage: No Yes If Yes, please provide details: _____

Other Unique Exposure: No Yes If Yes, please provide details: _____

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

Total Number of Declared Shows: _____ 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: _____ - Provide a Description of owned autos if other than Private _____

For Hired Vehicles, Do Drivers become Named Insured Employees by Contract? No Yes

For Buses or Vans Used to Transport People, Passenger type: _____ Maximum Capacity Per Vehicle: _____

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

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

Tour Employee Information: (Check here to indicate you are providing the required information as a separate attachment.)

Country	Class (TCN, LN, US Expat)	Job Function (Artist, Cast, crew, stunts, etc.)	Payroll	Number of Man Weeks	If USN, list State of Hire; If TCN or LN, list Country of Origin

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

\$50,000 AD&D

Is coverage desired for Accompanying Spouses? No Yes \$10,000 Medical Expense # of Spouse(s): _____ # Trips: _____

\$25,000 Medical Expense

\$25,000 AD&D

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

\$25,000 Medical Expense

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: _____

Signature of Producer: _____

Date: _____

Date: _____