

# International Application Entertainment Supplement

## Applicant Information

Named Insured: \_\_\_\_\_

## Wholesale Broker Information

Brokerage Name: Cover Agency, Ltd

## Production or Tour Information

Production Title: \_\_\_\_\_

Tour Name: \_\_\_\_\_

### **Safety and Security Information** (Check here to indicate you are providing the required information as a separate attachment.)

Does insured have a Safety Manual for the production or tour?  Yes  No

If No, Describe Safety Procedures that will be put in place at site:  
\_\_\_\_\_

Does Insured have designated Safety Person on site?

Yes  No

Does Insured have a medic, nurse or other emergency personnel on site?

Yes  No

Has the insured completed Risk Assessments on all hazardous activities?  Yes  No

If Yes, confirm who has completed such assessments:  
\_\_\_\_\_

Does insured have a Security for the production of Tour?  Yes  No

If Yes, Describe:  
\_\_\_\_\_

### **Stunt Information** (Check here to indicate you are providing the required information as a separate attachment.)

Provide a brief description of all stunts including any use of wires that will take place during production or tour: \_\_\_\_\_

Is qualified stunt coordinator on site?  Yes  No

If yes, provide individual's name or resume:  
\_\_\_\_\_

Are all stuntmen qualified by training and/or experience for the type of stunt to be performed?

Yes  No

Will any performers or artists be performing with the use of any wires?  Yes  No

If yes, confirm that such casts have proper training and that stunt coordinator will be on site: \_\_\_\_\_

If the stunt involves a driving sequence on public road or highway, has the production received authorization to close the road to the general public?  Yes  No

Will local police department be responsible for securing any road or highway closure?  Yes  No

### **Pyrotechnics Information** (Check here to indicate you are providing the required information as a separate attachment.)

Provide a brief description of all pyrotechnics, fireworks, explosions, or other similar special effects that will be conducted during the production or tour: \_\_\_\_\_

Has the insured obtained all the local required permits for the use of any pyrotechnics?  Yes  No

If No, confirm insured is in compliance with local regulations or law:  
\_\_\_\_\_  
\_\_\_\_\_

Will all pyrotechnics or explosions be conducted by qualified personnel who have the required certifications?  Yes  No

If No, Describe individuals qualifications: \_\_\_\_\_

Does the insured have Emergency procedures and contingency plans, including appropriate signs and signals and the authority to abort any pyrotechnic special effects work?  Yes  No

If No, Describe what controls the insured has implemented: \_\_\_\_\_

Will the insured have emergency personnel or local fire department on site during the pyro sequence?  Yes  No

If No, Describe \_\_\_\_\_

In the event of an emergency, does the insured's emergency procedures require that only those designated with emergency response roles can enter the pyrotechnic special effects area?  Yes  No

**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:** \_\_\_\_\_