



**APPLICATION FOR: Agents and Managers General Liability**

**Please complete this application, in addition to ACORD 125 and ACORD 126, and send all attachments.**

Agent/Broker: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Insured Email: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Name of Applicant: \_\_\_\_\_
2. Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_
3. Applicant is:     Agent         Manager         Record Label         Other: \_\_\_\_\_
4. Years of experience in this capacity: \_\_\_\_\_
5. If applicant is a record label, provide the years of experience in the music industry: \_\_\_\_\_
6. For each proposed Named Insured Entity, provide the following:

Entity Name & Website	Entity Type: Individual, Partnership, Joint Venture, Other (describe)	Describe Entity Operations	Year Established	State Entity was Established	Describe Ownership of Entity	Number of Employees

7. Does the applicant have any merchandising operations?  Yes     No  
 If yes, describe the product type and where sold: \_\_\_\_\_  
 \_\_\_\_\_  
 Does the applicant design, manufacture or distribute the product?  Yes     No  
 Do others manufacture on the applicant's behalf?  Yes     No  
 If yes, are certificates of insurance obtained from the manufacturer of the products?  Yes     No
8. Describe the range of client services the applicant provides: \_\_\_\_\_  
 \_\_\_\_\_
9. List the applicant's licensing, training or other credentials: \_\_\_\_\_  
 \_\_\_\_\_
10. Does the applicant have contract negotiation authority?  Yes     No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
11. Does the applicant contract directly with venues on behalf of the applicant's clients?  Yes     No

- Are clients required to carry their own insurance?  Yes  No
- Do such contracts hold the applicant harmless?  Yes  No
- Is the applicant named as an additional insured on the client's primary insurance?  Yes  No

12. Describe the type of clients managed/represented: \_\_\_\_\_

13. Provide the number of clients managed/represented: \_\_\_\_\_

14. Are any of the applicant's clients involved in non-entertainment business ventures?  Yes  No

If yes, please describe: \_\_\_\_\_

15. Does the applicant use a standard client contract outlining specific responsibilities?  Yes  No

If yes, please attach a copy.

16. Does the applicant arrange for security personnel?  Yes  No

If yes, please describe: \_\_\_\_\_

17. Does the applicant agree to hold any third parties harmless?  Yes  No

If yes, please describe (attach copies of any hold harmless agreements in which applicant has assumed liability):

\_\_\_\_\_

18. For any subcontracted activities, does the applicant obtain certificates?  Yes  No

Describe any subcontracted activities: \_\_\_\_\_

19. Does the applicant have professional liability coverage?  Yes  No

20. Provide prior insurance coverage (carrier, policy type, and effective dates):

Carrier	Policy Type	Effective Dates

21. Provide prior loss information (3 year history, including date, description and amount):

Date of Loss	Description of Loss	Amount

22. General Liability (GL) coverage requested:

Requested effective date (annual policy)	GL occurrence/aggregate limits	Premises damage limit	Employee Benefits Liability coverage
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe additional insureds' coverage requested: \_\_\_\_\_

Describe other requested coverage: \_\_\_\_\_

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