

APPLICATION FOR: **Consultants or Specialists**

Agent/Broker: _____ Date of Application: _____

Address: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Applicant Information

1. Name of applicant: _____

2. Address: _____

3. Profession/occupation of applicant: _____ 4. Years of experience applicant has in this capacity: _____

5. For each proposed Named Insured Entity, please provide the following:

<i>Entity Name & Website</i>	<i>Entity Type*</i>	<i>Describe Entity Operations</i>	<i>Year Entity Established</i>	<i>State Entity Established</i>	<i>Describe Ownership of Entity</i>	<i>No. of Employees</i>

*Entity Type: Partnership (P), Corporation (C), Joint Venture (JV), Other (O) If Other, please describe: _____

6. Does the applicant have any merchandising operations? Yes No

If yes, describe the product type(s) and where sold: _____

a. Does the applicant design, manufacture or distribute the product(s)? Yes No

b. 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

7. Describe the range of technical services provided by the applicant: _____

8. List the applicant's licensing, training, or other credentials: _____

9. Does the applicant provide any artistic services? Yes No

If yes, please describe: _____

10. Does the applicant provide design, building or construction services? Yes No

If yes, please describe: _____

11. Does the applicant design or perform stunts, pyrotechnics or other services involving hazardous props or activities? Yes No

If yes, please describe: _____

12. Does the applicant provide payroll or talent payment services? Yes No

If yes, please describe: _____

13. Is the applicant a Professional Employer Organization? Yes No

If yes, please describe: _____

14. Does the applicant supervise or direct the work of others? 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 have contract negotiation authority? 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

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

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

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

22. Provide General Liability (GL) coverage requested:

Requested effective date (annual policy): _____ GL Occurrence/Aggregate Limits: _____

Premises Damage Limit: _____ Employee Benefits Liability Coverage: Yes No

a. Describe additional insured's coverage requested: _____

b. Describe other requested coverage: _____

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