



APPLICATION for: **Entertainers**

Please complete this application, in addition to Acord 125 and Acord 126.

Agent/Broker: _____ Date of Application: _____

Address: _____

Contact: _____ Telephone Number: _____

Email: _____ Fax Number: _____

APPLICANT INFORMATION

1. Name of applicant: _____

2. Number of band members: _____

3. Type of music band plays:
 Country Rap Classical Hard rock/heavy metal
 R&B Pop Jazz Other (please explain): _____

4. Estimated number of concerts /performances (*attach itinerary*): _____

5. Estimated annual payroll amount: \$ _____

6. Internet address _____

7. Type of facilities where group performs:
 Nightclub Bar Stadium Indoor theater Concert hall Other: _____

8. Is applicant signing any lease of premises agreements with performance venue owners? Yes No
If yes, attach a copy.

9. Does applicant's act contain any unusual props, set pieces, stunts, laser lighting or pyrotechnics? Yes No

10. Does applicant currently have an album/CD out in the stores? Yes No

11. Are any of the songs currently getting any airplay on TV and/or radio? Yes No
If yes, please describe: _____

12. Estimated number in attendance at each concert:
Smallest: _____ Largest: _____ Average size: _____

13. Number years experience applicant has as a single/performer _____

14. Attach schedule of equipment. Describe burglary and fire protection measures of equipment when in storage and when on the road.

15. Estimated cost of hire for: Buses \$ _____ Other than buses \$ _____

Please supply copies of all busing/trucking contracts.

16. Describe throwing/tossing of objects by applicant. What is thrown/tossed during performances?

17. Does the group self-promote? Yes No

If yes, please describe: _____

18. Is there a separate promoter who signs the lease of premises agreement with performance venues? Yes No

If yes, please describe: _____

19. Who is responsible for spectator liability? _____

a) If not responsible, is applicant named as an additional insured on another policy? Yes No

b) Will applicant obtain a certificate of insurance? Yes No

20. Indicate and provide details on the following operations/activities which are performed by you, your employees or subcontractors:

	Insured	Subcontractors	Details
Staging/lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Audio/video rigging	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	
Merchandise sales	<input type="checkbox"/>	<input type="checkbox"/>	

21. For all subcontracted operations, are certificates obtained by the applicant? Yes No

22. Describe any special effects, rigging and/or staging planned, or any animals to be used:

23. Attach prior and current schedules.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____