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**MUSICIANS, ARTIST & GROUPS SUPPLEMENTAL QUESTIONNAIRE**

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Policy Number: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

3. Name of Officers/Partners and ownership percentage: \_\_\_\_\_  
 \_\_\_\_\_

4. Name of Artist/Group and describe field of entertainment (if music, specify type and names of people in group and name of latest album): \_\_\_\_\_  
 \_\_\_\_\_

(Please attach press release or BIO)

5. Does Artist/Group engage in live performances?  Yes  No  
 Does Artist/Group engage in nightclub performances?  Yes  No

6. Estimate number of weeks Artist/Groups expects to perform during upcoming term and types of venues:  
 \_\_\_\_\_

Estimated number of performances per week (please attach schedule from last year, should current information be unavailable): \_\_\_\_\_

7. If tour is planned, overall dates of tour: \_\_\_\_\_  
 Number of U.S. Dates: \_\_\_\_\_  
 Number of Canadian Dates: \_\_\_\_\_  
 Number of Foreign Dates by country: \_\_\_\_\_  
 \_\_\_\_\_

(Attach current itinerary of schedule performances which should include Date, City, State, Venue of Arena and seating capacity, if available.)

8. Does Applicant lease or rent any facilities for performances?  Yes  No: If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Who is responsible for spectator liability? \_\_\_\_\_  
 If not responsible, is Applicant named as an Additional Insured on other party's policy?  Yes  No  
 Will Applicant obtain Certificate of Insurance?  Yes  No: If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**MUSICIANS, ARTIST & GROUPS SUPPLEMENTAL APPLICATION (Cont'd)**

10. Is Applicant responsible for any other concert activities, i.e., lighting and sound personnel?  Yes  No  
(if yes, please complete a promoters supplemental)

If Independent Contractors, are Certificates of Insurance obtained by Applicant?  Yes  No

Will Applicant be named as an Additional Insured on other party's policy?  Yes  No

11. What method of transportation is used to transport personnel and equipment between performances? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Applicant provide transportation for employees and/or non-employees?  Yes  No

Is transportation furnished by others for Applicant's employees?  Yes  No

What is the maximum number of persons traveling together? \_\_\_\_\_

Specify State of hire for employees: \_\_\_\_\_

Is Applicant responsible for rented vehicles?  Yes  No

12. Are pyrotechnics used in any performances?  Yes  No: If yes, are they done by an Independent Contractor? \_\_\_\_\_  
\_\_\_\_\_

If Independent Contractor, will Applicant obtain Certificate of Insurance evidencing coverage and naming Applicant as Additional Insured?  Yes  No

Describe pyrotechnics to be used, and include sizes of charges and types used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe safety precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Describe any special or unusual effects, rigging and/or staging planned, or any animals to be used: \_\_\_\_\_  
\_\_\_\_\_

14. Provide details of any employees previously injured during performance or while on tour: \_\_\_\_\_  
\_\_\_\_\_

15. Provide details of any spectators previously injured during a performance: \_\_\_\_\_  
\_\_\_\_\_

16. Policy period requested: \_\_\_\_\_

17. Provide details of any other claims: \_\_\_\_\_  
\_\_\_\_\_

18. Describe any other operations the Applicant is involved in: \_\_\_\_\_  
\_\_\_\_\_

**MUSICIANS, ARTIST & GROUPS SUPPLEMENTAL APPLICATION (Cont'd)**

Please attach standard Acord Applications with this Supplemental.

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in a way as to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Date Signed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

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

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_