



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. What are the annual record sales? \$ \_\_\_\_\_
6. Estimated annual payroll amount: \$ \_\_\_\_\_
7. Internet address: \_\_\_\_\_
8. Type of facilities where group performs:
Nightclub Bar Stadium Indoor theater Concert hall Other: \_\_\_\_\_
9. Is applicant signing any lease of premises agreements with performance venue owners? Yes No
If yes, attach a copy.
10. Does applicant's act contain any unusual props, set pieces, stunts, laser lighting or pyrotechnics? Yes No
11. Does applicant currently have an album/CD out in the stores? Yes No
12. Are any of the songs currently getting any airplay on TV and/or radio? Yes No
If yes, please describe: \_\_\_\_\_
13. Estimated number in attendance at each concert:
Smallest: \_\_\_\_\_ Largest: \_\_\_\_\_ Average size: \_\_\_\_\_
14. Number years experience applicant has as a single/performer: \_\_\_\_\_
15. Attach schedule of equipment. Describe burglary and fire protection measures of equipment when in storage and when on the road.

16. Estimated cost of hire for: Buses \$ \_\_\_\_\_ Other than buses \$ \_\_\_\_\_

Please supply copies of all busing/trucking contracts.

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

\_\_\_\_\_  
\_\_\_\_\_

18. Does the group self-promote?  Yes  No

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

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

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

20. 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

21. 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"/>	

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

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

\_\_\_\_\_  
\_\_\_\_\_

24.  Attach prior and current schedules.

Applicant Name: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

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