

Directions for completing this editable pdf form: You do not have to print this Application! Place your cursor on top of the first field line and click on field. Type in the correct information on the field and hit the tab key to move to the next field or use your cursor and click on the next field. For check boxes use your mouse and click on the correct box or use the spacebar key to check or uncheck the box. After completing this form click on the submit button to save the completed form and attach the form to an e-mail. Send it to one of the agents listed below.

Tour Insurance Application

- 1) Applicant's full legal name, including any dba's: _____
- 2) Mailing address: _____
- 3) Phone: _____ Fax: _____
E-Mail: _____ Website address: _____
- 4) Applicant is: Corporation Partnership Joint Venture Sole Proprietor
- 5) Federal Tax ID Number: _____
- 6) If corporation, state of corporation: _____
- 7) Number of years in business under current name: _____
- 8) Please provide the name and title (if applicable) of each principal band member (if owner/partner, please advise ownership percentage):

Names	Titles
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 9) Please provide Business Manager &/or Accountant Name:
Address: _____
Phone: _____ Fax: _____
Email: _____
- 10) What is the requested date you would like coverage to begin?: _____
- 11) Coverage Requested: Amount:

Auto and/or H & N/O Auto	_____
Liability	_____
Per Event Aggregate	_____
Excess or Umbrella	_____

MUSIC PRO APPLICATION

Cossio Insurance Agency
PO Box 188 Simpsonville, SC 29681
phone: (864) 688-0121 • fax: (864) 688-0138
www.cossioinsurance.com

- 12) Any Foreign/Overseas Dates? Yes No
If Yes, Explain or attach itinerary: _____
- 13) Average Concert Length: _____
- 14) Please indicate your genre of music:
- | | | |
|-------------------|-----------------|-----------------|
| alternative heavy | metal rock, | soft |
| bluegrass | jazz | rock, pop |
| big band | new age | rock, hard |
| classical | punk | rock, Christian |
| country | traditional R&B | rock, classic |
| easy listening | rap/urban R&B | rock, oldies |
| folk | Latin | |
| other: _____ | | |
- 15) For the time period you are applying for this coverage, are 75% of your performance(s) at venues with capacities under 750 people? Yes No
- 16) How many shows do you think you will play in the policy period at the following capacities:
- a. 1- 750 _____
- b. 750 – 7500 _____
- c. over 7500 _____
- 17) Is there a separate promoter who signs the Lease of Premises Agreement with performance venues?
If no, please describe: _____
- 18) Does applicant directly lease or rent any facilities for performance(s)? Yes No
If yes, please provide details and attach a copy of the Lease Agreement: _____

Please list any persons or entities that are Additional Insureds to be included on your policy:

Additional Insured	Relationship to you
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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- 19) Do you require to be listed as an Additional Insured by all entities that provide products and services to you? Yes No
- Do you obtain a certificate of insurance from these vendors, as evidence of your status as an Additional Insured on their Policy? Yes No
- Do you require to be listed as an Additional Insured by your promoter(s)? Yes No
- 20) What method of transportation is used to transport personnel and equipment between performances?
- _____
- _____
- Estimated cost of hire for: Busses \$ _____ Other than Busses \$ _____
- # Does the Applicant provide transportation for employees and/or non-employees? Yes No
- Is transportation furnished by others for Applicant's employees? Yes No
- # Is Applicant responsible for rented vehicles? Yes No
- _____
- # Does applicant own vehicles used for touring that you wish to insure here? Yes No
- 21) Describe any special or unusual effects, rigging and/or staging planned, or pyrotechnics to be used:
- _____
- 22) Describe throwing/tossing of objects habits by Applicant. What is thrown/tosses during performances?
- _____
- 23) Do you ever invite concert-goers on to the stage? Please describe: _____
- _____
- 24) Do you go into the audience to perform? Please describe: _____
- _____
- 25) Describe any other operations the Applicant is involved in: _____
- _____
- Do you provide your own security? Yes No
- If yes: How many people do you have? _____
- Is the security staff covered under Worker's Compensation? Yes No
- Is a criminal background check performed for all security staff? Yes No
- If you hire a private agency for security, are you being named additional insured on their policy? Yes No

26) Prior coverage information of Applicant for past three years:

Coverage	Year	Prior Carrier	Prior Premiums
H & N/O Auto	_____	_____	_____
Liability	_____	_____	_____
Excess	_____	_____	_____

Please provide the following items with your completed and signed application:

- three-year insurance company loss reports.
- Copy of your standard performance contract.
- Copy of your current or upcoming tour schedule.
- Copy of current bio

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.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature

Applicant's Name (Print)

Producer's Name (Print)

Title

Date (MM/DD/YY)

Note: Please make sure that everything has been filled out with the correct information. Once you have reviewed this application, please click on the save button below and **save** the file under your documents folder. After saving the document, send this document via email to apps@cossioinsurance.com.