



Artist Application Checklist

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

- Signature Live! Artist Application Form
- 5 Year Loss Run (if applicable)

Please email the completed application package to Signature Risk Partners at:

applications@signaturerisk.com

Signature Live! Artist Application Form

General Information

Name of Insured:

Mailing Address:

Name of Event(s):

Contact:

Applicant is: Single Performer Band or Group

Website:

Business Tel.:

Stage Name:

Years of Experience:

1. Date of Coverage: _____ Target Premium: \$ _____

2. Current Insurance Company: _____ Deductible: \$ _____

3. Have there been any Claims or Losses in the last 5 years? (if Yes, include Loss Run) Yes No4. Has any form of insurance ever been cancelled or declined? (if Yes, provide details) Yes No

Coverage Limits (Statement of Values Required)

1. Requested Property Limit: \$ _____

2. Requested Liability Limit: \$ _____

3. Requested Equipment Limit: \$ _____

Event(s) Information

1. Do you book your own performances? Yes No If No, do you have a Manger/Agent? Yes No

2. Approximate Number of Performances: _____

3. Estimated Gross Receipts: \$ _____

4. Estimated Average Attendance at Each Performance: _____

5. Venue Security is Provided by: Venue Management There is no Security6. Do you manage or control the following?: Staging & Lighting Concessions Food Services7. Is Alcohol served or sold at any show Yes No

If Yes, please complete the Supplemental Liquor Liability Application Form.

8. Will there be any Pyrotechnics or Fireworks at any planned Performance?: Yes No

If Yes, please complete the Supplemental Pyrotechnic Liability Application Form.

9. Will there be any Hold Harmless Agreements in place with any Venue? Yes No

If Yes, please attach copies of all Agreements.

Signature Live! Artist Application Form Continued

Schedule of Performances

Date	Venue Name	Location	Capacity	Indoor/ Outdoor	Number of Shows

Certificates of Insurance (COI) Request

Please list all Organizations that will require a COI from you:

	Organization Name	Address	Relationship
1			
2			
3			
4			

Declarations

I/We declare that:

1. The information in this application is true and correct and I/we have not withheld any relevant information.
2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant: _____ Date: _____