

Shell Corps Application

About This Program

This application is used to insure an incorporated entertainment industry person such as an actor, director, producer, writer, cameraman, musician, athlete, or similar individual.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Events (if touring)

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
	/ /				
	/ /				

Shell Corps Application

Owner, Touring, Additional Information

Owner Information

Name of Owner/Principal of Shell Corp	
Date of Birth	/ /
Profession of the owner/principal	
Notoriety of Owner (select class)	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
	Class 1 None, minimal or minor visibility of wealth, position or notoriety. Limited public recognition.
	Class 2 Very visible as to wealth, position or notoriety. Popular or prominent but not a superstar.
	Class 3 Super Stars. Instant recognition. No adverse public or controversial image.
	Class 4 Superstar. Instant recognition. Associates with controversial image or press.
If owner/principal is a musician, provide name of band (if any) and genre of music	
If owner/principal is an athlete, provide name of sport and team (if any)	
Is the individual involved in any stunts or hazardous activities? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the owner/principal have security personnel? If yes: Number of security personnel Are they employed by the owner or subcontracted from a third party If a third party, is a certificate of insurance obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks) Cost of hire (mobile studios & film trucks) Loaned or Donated autos (#, days)	_____ _____ # Days

Touring Information

Estimated Annual Payroll (only if touring)	
Estimated Number of Shows (only if touring)	

If domestic touring, complete the schedule of events supplement

Additional Information

Number of Employees	
Is the individual involved in any stunts or hazardous activities? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the owner/principal have security personnel? If yes: Number of security personnel Are they employed by the owner or subcontracted from a third party If a third party, is a certificate of insurance obtained	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks) Cost of hire (mobile studios & film trucks) Loaned or Donated autos (#, days)	_____ _____ # Days

Shell Corps Application

Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *		n/a
Blanket Additional Insureds/Certificates of insurance *	Included	n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Comprehensive Personal Liability/Personal Injury (all states except OK)	<input type="checkbox"/> 1,000,000	n/a
Workers Compensation—Residence Employees (all states except IL, MA, ND, OH, OK, TM, VA, VT)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Employers Liability – (IL, MA, ND, OH, VT only)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Throwing Objects Exclusion	<input type="checkbox"/> Include <input type="checkbox"/> Remove	n/a
Employee Benefits Liability		1,000
Stop Gap Liability (OH, WA, ND, WY only)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Rented Equipment		
Owned Equipment		
Third Party Property Damage		
Office Contents		
Business Income & Extra Expense		
EDP		
Limited Computer Virus Coverage		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *		n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		

Excess Liability

Occurrence / Aggregate Limit		n/a
------------------------------	--	-----

Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

Shell Corps Application

Personal Liability Additional Exposures

Additional Exposures

The Comprehensive Personal Liability coverage includes one (1) residence and one (1) watercraft under 26 feet. For additional exposures, enter the additional items below.

Item	Number
Full-Time In-Servant employed greater than 20 hours per week	
Full-Time Out-Servant employed greater than 20 hours per week	
Non-Powered Sailing Craft Under 26 feet	
Powered watercraft 24 - 49 horse power	
Powered watercraft less than 25 horse power	
Owned Dwellings	
Duplex	
Triplex	
Fourplex	
Offices on premises of insured's residence used for business pursuits	
Vacant Land (acres) # owned properties up to 5 acres # owned properties over 5 acres up to 30 acres # owned properties over 30 acres up to 100 acres	

Shell Corps Application

Tour & Show Schedule

Tour Details

Name of Tour	
Tour Dates	
Total Payroll	
Promoter	

Event Schedule

Dates	Venue Name	Address, City, State, Zip	Shows
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			
/ / - / /			

For additional or show dates, duplicate this page.

Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- FLORIDA:** Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MAINE, TENNESSEE, VIRGINIA, or WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____	_____
SIGNATURE OF APPLICANT	DATE