



APPLICATION for: **CREW COVER**

SECTION I. APPLICANT INFORMATION

1. Name: _____ Company Name: _____
Phone No.: _____ Fax No.: _____
Email Address: _____
2. Name of proposed Insured ("Applicant"): _____
Address: _____
City, State, Zip: _____
Insured's Email Address: _____

SECTION II. BUSINESS INFORMATION

1. Type of work (Check all that apply): Audio/Visual Backline General Crew Lighting Tech/Designer
 Operations Manager Power Production Assistant Production Manager
 Pyro Rigging Sound Stage Manager
 Stage/Set Construction Tour Manager Security Automation Programming Technician
2. Please provide a description of your business activities: _____
3. Are you ever solely responsible for the execution and/or signing of contracts on behalf of the event or project? Yes No
4. Do you rent equipment to others? Yes No
5. Do you hire-in subcontractors? Yes No
If yes, are they required to provide evidence of insurance? Yes No
6. Do you have any employees? Yes No
7. How many years in business? _____ How many years of experience? _____
8. Are you a member of the Event Safety Alliance? Yes No
If yes, please provide your member number: _____
9. If you provide rigging, are you ETCP certified? Yes No
10. Please provide details of any training or any other credentials: _____
11. Have you filed for bankruptcy within the last 3 years? Yes No
12. Have you had any claims? Yes No
If yes, please provide description of loss and value: _____
13. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years? Yes No
If yes, please explain: _____

14. Convictions, non-traffic violations?

Yes No

SECTION III. COVERAGE

1. What is your Gross Revenue for the next 12 months? _____

2. Do you need to add a **specific** additional insured to your policy (Blanket AI is automatically included)?

Yes No

Written contract needs to be in place to add an additional insured

3. Business Name: _____

Type: _____

Email Address: _____

Address: _____

Reference Number: _____

4. Do you need a Waiver of Subrogation?

Yes No

Business Name: _____

Type: _____

Email Address: _____

Address: _____

Reference Number: _____

5. Do you have jobs which require you to travel internationally?

Yes No

6. How many days do you plan to work outside of the U.S.? _____

7. Name the cities that you will visit: _____

8. Do you need worldwide coverage specifically to General Liability?

Yes No

9. Are you interested in Hired and Non-Owned Auto Insurance?

Yes No

10. Are you interested in Hired and Non-Owned Physical Damage Insurance?

Yes No

11. Are you interested in Excess limits?

Yes No

If yes, please advise limits needed: _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

Submitted by: _____

(Agent)

Applicant Signature: _____

Date: _____

Name: _____

(Please Print)

Title: _____

Date: _____

FOR CHROME ONLY: Save this application to your desktop and email to ESACrewCover@aliverisk.com or submit from Adobe Acrobat Reader

The description of this program is only a summary of available coverages. Actual policy language will dictate the scope of coverage in the event of a claim. We encourage agents to read the full policy form and any applicable endorsements for full terms and conditions and encourage their policyholders to do the same. Alive Risk is part of RSG National Specialty Programs, a unit of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC(RSG). Alive Risk works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License # 0G97516). ©2021 Ryan Specialty Group, LLC
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