

# 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 losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any prior insurance coverage? 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
<b>General Liability</b> (* 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	



