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:	☐Individual ☐LLC ☐LLP ☐Corporation ☐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:	☐ Yes ☐ No
Any losses in the past 3 years? If yes, provide details below.	☐ Yes ☐ No

Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any prior insurance coverage? If yes, provide details below	☐ Yes ☐ No

Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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)	☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ 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:	☐ Yes ☐ 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	☐ Yes ☐ 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:	☐ Yes ☐ 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	☐ Yes ☐ 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		☐ Include ☐ Exclude	
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Comprehensive Personal Liability/Personal Injury (all states except OK)		☐ 1,000,000	n/a
Workers Compensation–Residence Employees (all states except IL, MA, ND, OH, OK, TM, VA, VT)		☐ Include ☐ Exclude	n/a
Employers Liability – (IL, MA, ND, OH, VT only)		☐ Include ☐ Exclude	n/a
Throwing Objects Exclusion		☐ Include ☐ Remove	n/a
Employee Benefits Liability			1,000
Stop Gap Liability (OH, WA, ND, WY only)		☐ Include ☐ 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		☐ Include ☐ Exclude	
Worldwide Coverage		☐ Include ☐ Exclude	
Automobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		☐ Include ☐ 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.

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 STATEMENT

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

☐ **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 injure, 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.

☐ **MAINE:** 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.

☐ **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.

☐ **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

☐ **NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE 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 or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

☐ **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____**YES** _____**NO**

☐ **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

☐ **WISCONSIN:** 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.

☐ **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. 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