



SHELL CORPORATION APPLICATION

Name of Corporation: \_\_\_\_\_

Mailing Address of Corporation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

1. Check the profession which applies to this applicant.

- Checkboxes for Actor/Actress, Author, Camera Operator, Model, Composer, Director, Musician, Magician, Producer, Radio/TV Broadcaster, Singer, Speaker, Sports figure, Writer, Comedian, Other.

2. List the professional credits of this applicant (i.e., titles of movies worked; significant past performances: titles and success of Last recording, major awards or nominations received; etc.)

Four horizontal lines for listing professional credits.

3. Describe any ancillary/exposures to be insured:

Two horizontal lines for describing ancillary/exposures.

4. Operation payroll excluding performer/personality: \_\_\_\_\_

5. List all owned/leased premises and the use/operation of each:

Table with 2 columns: Location Address, Use/Operation/Sq Footage. Includes four rows of horizontal lines for data entry.

6. If Comprehensive Personal Liability is required, list and describe each residence:

Location Address	Description of Residence
_____	_____
_____	_____
_____	_____
_____	_____

7. If the applicant has any of the following exposures, indicate the number for each below:

- |  |  |
|--|--|
| _____ In servants /out servants  | _____ Rental properties (include schedule) |
| _____ Aircraft operations/airfields  | _____ Farming/ranching (# of acres)        |
| _____ Watercraft (type)  | _____ Guard dogs                           |
| _____ Body guards (Armed <input type="checkbox"/> Yes <input type="checkbox"/> No) | _____ Horses or non-domestic animals       |

Explain the exposures checked above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Explain in detail, any loss of \$5,000 or greater. (Attach separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: 5-year company-generated loss reports are required.**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)