

(Mono-line policies cannot be written)

1. Applicants full legal name, including dba's: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

3. Entity:      Corporation      Individual      Partnership      Other

4. Name and title of all Principal Officers, Individuals, and Partners:

**Names**

**Titles**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Years in business under current name: \_\_\_\_\_ years

6. Prior experience and employer (*please be as descriptive as possible*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Limit of liability requested:     \$ \_\_\_\_\_

Deductible requested:     \$ \_\_\_\_\_

8. Policy period requested: \_\_\_\_\_

9. Previous Carrier Information: PROVIDE A COPY OF THE PREVIOUS YEARS' POLICY

a. Carrier Name: \_\_\_\_\_

b. Policy Number: \_\_\_\_\_

c. Limits of Liability: \_\_\_\_\_

d. Policy Term: \_\_\_\_\_

10. Previous Loss Information (attach company "hard copy" loss runs for previous 3 years): \_\_\_\_\_  
\_\_\_\_\_

11. Is coverage being, or has it ever been, cancelled or non-renewed for any reason:      Yes      No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does promoter ever promote a particular group or entertainer nationally?  Yes  No  
 Internationally?  Yes  No

If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

13. Please identify type of music promoted (*in percentages*):

- |                           |        |                            |        |
|---------------------------|--------|----------------------------|--------|
| Classical/Easy Listening  | _____% | New Wave                   | _____% |
| Country/Bluegrass         | _____% | Comedy/Magicians           | _____% |
| Reggae                    | _____% | Local/New Talent           | _____% |
| Jazz/R&B/50's/New Age     | _____% | Heavy Metal/Punk/Hard Rock | _____% |
| Salsa                     | _____% | Rap/ Slam Dance            | _____% |
| Other type of events:     |        |                            |        |
| Special Community Events* | _____% | Sporting Events            | _____% |
| Other*                    | _____% |                            |        |

\*Please give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**In addition to the above, provide a copy of the current schedule and the previous years schedule if applicable.**

14. Attach a list of venues where you promote, along with last year's schedule and this year's itinerary. For outdoor venues, describe event site, outdoor fencing, and seating. Attach a diagram of the typical set-up at the different sites.

Check if attached

15. Do you require entertainers to provide proof of insurance?  Yes  No
16. Do any events have 4 or more hours of "actual music"?  Yes  No
- Does any event have 3 or more acts performing at the same concert?  Yes  No
- Is there any overnight camping directly related to any of the concerts?  Yes  No

If yes to any of the above questions, provide an explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Are any venues owned by the promoter?  Yes  No  
 If yes, additional information may be requested.

18. Will liquor be sold at events?  Yes  No

19. Estimate number of annual admissions: \_\_\_\_\_

Estimate admissions for largest single date event: \_\_\_\_\_

Estimated annual non-food gross receipts: \$ \_\_\_\_\_

20. Advise who is responsible for the following:

<u>Activity</u>	<u>Promoter</u>	<u>Venue Owner</u>	<u>Subcontractor</u>	<u>Cert. Provided w/ Promoter as AI</u>
Unarmed Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armed Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Non-Food Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Food Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Alcohol Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Effects/ Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: IF APPLICANT IS RESPONSIBLE FOR ANY OF THE ABOVE FUNCTIONS, GIVE FULL DETAILS ON SEPARATE PAGE.

21. If promoter is responsible for concessions or alcohol sales, please provide estimated annual receipts of each: \_\_\_\_\_

Is there a procedure for obtaining Certificates of Insurance from venue owners and subcontractors?  Yes  No

22. As respects this applicant, which of the contracts that are or will be signed require that:

a. The Named Insured assumes liability for the other party? \_\_\_\_\_

(please provide copies of all contracts of this type)

b. The other party assumes the Named Insured's liability? \_\_\_\_\_

(please provide one sample of this type)

c. Each party assumes it's own liability? \_\_\_\_\_

(please provide one sample of this type)

23. Do you agree to assume the sole negligence of the entertainers while they perform?  Yes  No

If no, is there a mutual hold harmless provision?  Yes  No

24. Indicate other coverages needed by attaching a separate ACORD application for each:

a. Excess Liability

b. Non-Owned & Hired Auto Liability

c. Workers' Compensation

d. Third Party Property Damage Liability (Excludes Chairs)

e. Liquor Liability

f. Other: \_\_\_\_\_

25. Provide contact information for inspection and audit:

Contact name for inspection \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact name for Audit: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

THE SIGNING AND COMPLETION OF THIS APPLICATION DOES NOT BIND THE APPLICANT, AGENT, OR INSURANCE COMPANY. NO INSURANCE SHALL BE EFFECTIVE UNTIL AND UNLESS A WRITTEN BINDER OR POLICY IS ISSUED BY THE INSURANCE COMPANY.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Agent/Broker)

\_\_\_\_\_  
(Address)

\_\_\_\_\_