

PROMOTERS APPLICATION

1. Name of Applicant: _____

In business under present management since: _____

List previous names under which you have operated as a promoter: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Web site: _____

2. Applicant is a: Corporation Partnership Individual

3. Names and titles of principal officers, partners or individuals: _____

4. Dates of Coverage Requested: From: _____ To: _____

5. Limits of Liability Requested: _____ Occurrence _____ Aggregate

6. Please indicate (by percentage) the type of music you promote:

_____ alternative	_____ heavy metal	_____ hip hop
_____ bluegrass	_____ jazz	_____ rock, soft
_____ big band	_____ new age	_____ rock, pop
_____ classical	_____ punk	_____ rock, hard
_____ country	_____ traditional R&B	_____ rock, Christian
_____ easy listening	_____ rap/urban R&B	_____ rock, classic
_____ folk	_____ Latin	_____ rock, oldies
_____ Other: _____		

7. Name of Entertainers Applicant Promotes (Attach separate sheet & prior schedules):

8. Name of Facilities Used (auditorium, stadium, arena, etc.) and City & State: (Attach prior & current schedules.)

9. Please indicate the percentage of time you book in the following types of venues:

_____ small clubs (under 500)	_____ auditoriums (under 1,000)
_____ clubs (500 – 1000)	_____ auditoriums (1,000 – 5,000)
_____ arenas (under 5,000)	_____ grandstands
_____ arenas (5,000 -10,000)	_____ stadiums (up to 10,000)

_____ arenas (over 10,000)

_____ stadiums (10,000 – 25,000)

_____ open-air amphitheaters/ "sheds"

_____ stadiums (over 25,000)

10. Estimated Number of Annual Admissions: _____

Estimated Gross Receipts: _____

11. Any outdoor concerts promoted? (If yes, where? Capacity?): _____

12. If event is held outdoors:

a. Describe fencing or protection used to prohibit entry by non-ticket holders: _____

b. Type of seating used: Reserved Seats General Admission

13. Venues: (attach current & prior schedules)

Attach copy of Contractual Agreements used.

Venues: Owned? Yes No

Note applicable code for Seating: S – Stationary / P – Portable / N - None

Name	Location	Capacity	Out-Doors/ In-Doors	Annual Estimated # of Events	Seating
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. Who is responsible for security? _____

Limits carried _____

Hold Harmless Agreements Yes No

If yes, what limits required _____

a. Please identify any additional security measures taken to minimize exposure to loss (i.e., local police used, ticket sale precautions, curfews, etc.)

b. Indicate number & type of Security used: _____

c. Are any weapons carried? _____ Describe fully: _____

15. Do you require entertainers to provide evidence of insurance? _____
Attach copy of agreements used.

16. Describe First Aid Facilities: _____

Who is responsible: _____

Contract in place? (if yes provide a copy) Yes No

Certificate of Insurance obtained? Yes No

Applicant named as Additional Insured? Yes No

17. Are you as the promoter responsible for parking? Yes No

a. If yes, indicate square footage of parking area: _____

b. Attended? Yes No

18. Are you responsible for concessions? Yes No

If yes, indicate annual receipts and type of concessions _____

If no, provide a copy of a Certificate of Insurance evidencing products liability with your organization added as an additional insured.

19. Will liquor be sold at the events? Yes No

If yes, can you provide Certificates of Insurance evidencing Liquor Liability Coverage? Yes No

20. Do you have exclusive promotion rights at any venues? Yes* No

*If yes, please provide a copy of your contract with those venues.

21. Please indicate which of the following activities/operations you are normally responsible for:

- | | | |
|--|--|---|
| <input type="checkbox"/> merchandise sales | <input type="checkbox"/> janitorial | <input type="checkbox"/> alcohol sales |
| <input type="checkbox"/> staging | <input type="checkbox"/> lights/rigging | <input type="checkbox"/> sound/rigging |
| <input type="checkbox"/> generators | <input type="checkbox"/> special effects | <input type="checkbox"/> pyrotechnics |
| <input type="checkbox"/> ticket sales | <input type="checkbox"/> ushers | <input type="checkbox"/> VIP transportation |

22. Do you require proof of insurance from the acts you book? Yes No

Do you require to be listed as an Additional Insured? Yes No

23. Please indicate the precautions and contingencies you put in place for mosh pits:

- | | |
|---|--|
| <input type="checkbox"/> specified mosh pit area | <input type="checkbox"/> security present at pit site |
| <input type="checkbox"/> restricted entry to pit | <input type="checkbox"/> waiver/release from participants* |
| <input type="checkbox"/> explanation of rules | <input type="checkbox"/> video surveillance |
| <input type="checkbox"/> expulsion for body-surfing and/or slam dancing | |

*Please provide a copy of your waiver/release.

24. Do you ever assume, by contract, the liability of other parties? If so, please explain: _____

25. Contacts:

	Name	Phone
A. Your Loss Control Manager	_____	_____
B. Your General Manager	_____	_____
C. Audit Contact	_____	_____
D. Account / Business Manager	_____	_____

26. Has your promoter's insurance under this or any previous name ever been cancelled or non renewed? Yes No
If yes, explain (include carrier): _____

27. Premium and Loss Record for the last five (5) years: (Attach complete loss runs.)

	Name of carrier	Premium	Losses	Total amount of losses paid and/or reserved
This Year	_____	_____	_____	_____
One Year Ago	_____	_____	_____	_____
Two Years Ago	_____	_____	_____	_____
Three Years Ago	_____	_____	_____	_____
Four Years Ago	_____	_____	_____	_____

Describe any losses over \$5,000 in detail: _____

28. Will any other underlying coverage be provided? Describe: _____

VERY IMPORTANT

PLEASE ATTACH LISTING OF SCHEDULED ENTERTAINERS, ENGAGEMENT DATES, AND CORRESPONDING VENUES AND SECURITY SERVICES TO BE USED FOR AT LEAST THE FIRST THREE MONTHS OF THE POLICY PERIOD.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and materials to the issuance of an Insurance Policy and has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire Policy shall be void.

Date: _____ Applicant: _____

By: _____

Title: _____

Agent/Broker: _____

Address: _____

Telephone Number: _____

FRAUD WARNING

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.