



## VENUE APPLICATION

Facility Name: \_\_\_\_\_ Facility Age: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Location: \_\_\_\_\_  
(Please indicate nearest highway intersection if no address)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ FEIN #: \_\_\_\_\_

1. Annual Attendance: \_\_\_\_\_ Seating: \_\_\_\_\_ Capacity: \_\_\_\_\_
2. Attach a list of last year's events and planned events for this year. Include description of event, attendance and who was Contractually responsible for each.
3. List any entity that you are required by contract to name as an additional Insured, include name and relationship: (provide copy of contract)

4. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER	(DESCRIBE)
Management of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Concession sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
First aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireworks displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amusement devices/rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-premises catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* Provide complete copy of contracts and limits applicant requires from each subcontractor.

Is a certificate of insurance obtained from annual subcontractors and tenants, indicating an additional insured status?

Yes  No

5. Are all parking lots well lit?  Yes  No

6. Are all parking lots patrolled?  Yes  No

7. How long has current management been at this facility? \_\_\_\_\_

8. Is there a risk manager?  Yes  No

9. Provide details on applicant's criteria for reporting incidents to their insurance carrier:

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10. Is there a written emergency evacuation plan established for the facility?  Yes  No

11. Are restrooms checked/cleaned during events?  Yes  No

How often? \_\_\_\_\_

12. Are crews prepared and on-duty to clean up spills?  Yes  No

13. Are first aid facilities maintained?  Yes  No

14. Are all cooking surfaces properly fire protected?  Yes  No

15. What type of Automatic Extinguishing System (AES) is in place?  Yes  No

16. Do you have a contract for servicing and maintaining the automatic extinguishing system?  Yes  No

17. How often is this system serviced & maintained?  Monthly  Quarterly  Semi-Annually  Annually

18. Do you have a contract for cleaning the hoods and ducts?  Yes  No

19. How often are filters cleaned? \_\_\_\_\_

By whom?: \_\_\_\_\_

20. Any Terrorism evacuation/emergency plan? (Please describe)  Yes  No

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**LIQUOR (Complete only if applicant is a liquor license holder)**

1. Are alcoholic beverages sold?  Yes  No Served?  Yes  No

2. License holder \_\_\_\_\_ Liquor license # \_\_\_\_\_

3. Have you ever been fined or had your license revoked or suspended?  Yes  No

If yes, please explain \_\_\_\_\_

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4. Do all servers receive alcohol awareness training?  Yes  No

If yes, please describe training \_\_\_\_\_

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5. Are patrons allowed to carry alcoholic beverages onto the premises?  Yes  No

6. Do you stop serving at least one hour prior to closing?  Yes  No

7. Estimated annual sales = alcohol \$ \_\_\_\_\_ food \$ \_\_\_\_\_

**EVENT PROMOTION/FACILITY USE**

1. Does the facility self-promote any events?  Yes  No

If yes, describe type of events. \_\_\_\_\_

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2. Does the facility co-promote any events?  Yes  No

If yes, describe type of events. \_\_\_\_\_

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3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music in similar categories?  Yes  No  
 If yes, what additional security measures are implemented? \_\_\_\_\_

4. Are mosh pits allowed?  Yes  No  
 If yes, please confirm the following procedures are implemented: \_\_\_\_\_

Waivers signed?  Yes  No

Arm/wrist bands provided for entry?  Yes  No

5. Have you had or do you plan on scheduling any of the following activities? Co/Self Promoted

Bungee Operation  Yes  No  Yes  No

Iron Man/Tough man events  Yes  No  Yes  No

Rodeos  Yes  No  Yes  No

6. Does the applicant have the risk manager or the head of security consult with previous venues a booked act has appeared at in order to be made aware of the need for additional security or other potential problems? Provide details on procedures in place.

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

**SECURITY**

1. Who is primarily responsible (via contract) for Liability coverage of off-duty police?  Insured  Municipality

2. Who is primarily responsible (via Contract) for Workers' Compensation of off-duty police?  Insured  Municipality

3. Are all the applicant's security guard employees licensed by the state as a security guard?  Yes  No

If no, explain: \_\_\_\_\_

**INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS**

		EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
		Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time							
Part-Time							

4. Are background investigations and checks conducted on all employees who perform security duties?  Yes  No

If yes, mark appropriate box:

Criminal Background Checks  Previous Employer  Motor Vehicle Report

Fingerprints  Drug Screening  Personal Reference

Background Cleared Prior to Hire  Other \_\_\_\_\_

5. What firearm training is required for armed security employees? \_\_\_\_\_

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

6. Does the applicant have a formal training program for security employees?  Yes  No  
 If yes, explain or attach a copy of training manual.

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7. Provide number of dogs to be used in your security operations \_\_\_\_\_

8. Describe security measures in place to prevent terrorism incidents: (metal detectors, bag/package restrictions/searches, perimeter controls, digital video, restricted/scheduled deliveries, etc..)

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**NON-OWNED/HIRED AUTO LIABILITY**

1. Do you have a Business Auto Policy for owned autos?  Yes  No  
 If yes, coverage should be obtained under your business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business?  Yes  No

Explain: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Total number of volunteers: \_\_\_\_\_

3. Do you, the insured, verify that the insurance is in place with limits of at least \$300,000 before the Employees or volunteers can use the auto?  Yes  No

4. During the last three years have you leased, borrowed or hired any vehicles for your business?  Yes  No

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) do you hire, lease and/or borrow? (Explain and identify) \_\_\_\_\_

List of Drivers:

Name	Birth Date	Driver's License #	State Licenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please submit the following with completed application:**

- Security procedures**
- Emergency / Evacuation plan**
- 5 years (including current) of Carrier Loss Runs**
- Copies of contracts for subcontracted services (see question #3)**
- Copy of user/event agreement**
- Copy of lease agreement with landlord (if applicable)**
- Copy of lease agreement with tenants (if applicable)**
- Copy of agreement used with Concert Promoters**

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)

## **FRAUD WARNING**

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### **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.**