



APPLICATION FOR PROMOTERS GENERAL LIABILITY

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 amphitheatres/ "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

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

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

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: _____