



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 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

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**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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.**