



PROMOTERS APPLICATION

1. Name of Applicant [Click or tap here to enter text.](#)

In business under present management since [Click or tap here to enter text.](#)

List of previous names under which you have operated as a promoter [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)

Address [Click or tap here to enter text.](#)

City [Click or tap here to enter text.](#) State ZIP Phone

Web site [Click or tap here to enter text.](#)
2. Applicant is a Corporation Partnership Individual
3. Name and titles of principal officers, partners or individuals [Click or tap here to enter text.](#)

[Click or tap here to enter text.](#)
4. Dates of Coverage Requested From To
5. Limits or liability requested Occurrence Aggregate
6. Please indicate (by percentage) the type of music you promote

<input type="text"/> Alternative	<input type="text"/> Heavy Metal	<input type="text"/> Hip Hop
<input type="text"/> Bluegrass	<input type="text"/> Jazz	<input type="text"/> Rock, Soft
<input type="text"/> Big Band	<input type="text"/> New Age	<input type="text"/> Rock, Pop
<input type="text"/> Classical	<input type="text"/> Punk	<input type="text"/> Rock, Hard
<input type="text"/> Country	<input type="text"/> Traditional R&B	<input type="text"/> Rock, Christian
<input type="text"/> Easy Listening	<input type="text"/> Rap/Urban R&B	<input type="text"/> Rock, Classic
<input type="text"/> Folk	<input type="text"/> Latin	<input type="text"/> Rock, Oldies
OTHERS <input type="text"/>		
7. Name of Entertainers Applicant Promotes (Attach separate sheet & prior schedules)

[Click or tap here to enter text.](#)
8. Name of Facilities used (auditorium, stadium, arena, etc.) and City & State. (Attach prior & Current schedules).

[Click or tap here to enter text.](#)

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

- | | |
|--|---|
| <u>Enter Text</u> small clubs (under 500) | <u>Enter Text</u> auditoriums (under 1,000) |
| <u>Enter Text</u> clubs (500-1,000) | <u>Enter Text</u> auditoriums (1,000 – 5,000) |
| <u>Enter Text</u> arenas (under 5,000) | <u>Enter Text</u> grandstands |
| <u>Enter Text</u> arenas (5,000 – 10,000) | <u>Enter Text</u> stadiums (up to 10,000) |
| <u>Enter Text</u> arenas (over – 10,000) | <u>Enter Text</u> stadiums (10,000 – 25,000) |
| <u>Enter Text</u> open-air amphitheaters / "sheds" | <u>Enter Text</u> stadiums (over 25,000) |

10. Estimated Number of Annual Admissions: Click or tap here to enter text.

Estimated Gross Receipts: Click or tap here to enter text.

11. Any outdoor concerts promoted? (If yes, where? Capacity) Click or tap here to enter text.

12. If event is held outdoor: Click or tap here to enter text.

a. Describe fencing or protection use to prohibit entry by non-ticket holders Click or tap here to enter text.

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-Non

NAME	LOCATION	CAPACITY	OUT-DOORS IN-DOORS	ANNUAL ESTIMATE # of EVENTS	SEATING
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here
Click or tap here to enter text.	Click or tap here to enter text.	Enter Text here	Enter Text here	Enter Text here	Enter Text here

14. Who is responsible for the security? Click or tap here to enter text.

Limits carries Click or tap here to enter text.

Hold Harmless Agreement Yes No

If "YES" what limits required Click or tap here to enter text.

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

Click or tap here to enter text.

b. Indicate number & type of Security used Click or tap here to enter text.

Click or tap here to enter text.

c. Are any weapons carried? Click or tap here to enter text.

Describe fully: Click or tap here to enter text.

15. Do you require entertainers to provide evidence of Insurance? Click or tap here to enter text.

Attach copy of agreements used

16. Describe First Aid Facilities Click or tap here to enter text.

Who is responsible Click or tap here to enter text.

Contract in place? Yes No

If "Yes", provide copy.

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 Click or tap here to enter text.

b. Attended? Yes No

18. Are you responsible for concessions? Yes No



If “YES”, indicate annual receipts and type of concessions [Click or tap here to enter text.](#)

If “NO”, provide Certificates 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 Certificate of Insurance evidencing Liquor Liability Coverage? Yes No

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

If “YES”, please provide a copy of your contract with those venues.

21. Please indicate which of those 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: [Click or tap here to enter text.](#)

25. Contacts

	NAME	PHONE
A. YOUR LOSS CONTROL MANAGER	Click or tap here to enter text.	Enter text
B. YOUR GENERAL MANAGER	Click or tap here to enter text.	Enter text
C. AUDIT CONTACT	Click or tap here to enter text.	Enter text
D. ACCOUNT/BUSINESS MANAGER	Click or tap here to enter text.	Enter text

26. Has your promoter's insurance under this or any previous name ever been cancelled or not renewed?

Yes No

If "YES", explain (include carrier): [Click or tap here to enter text.](#)

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	Enter text	Enter text	Enter text	Enter text
ONE YEAR AGO	Enter text	Enter text	Enter text	Enter text
TWO YEARS AGO	Enter text	Enter text	Enter text	Enter text
THREE YEARS AGO	Enter text	Enter text	Enter text	Enter text
FOUR YEARS AGO	Enter text	Enter text	Enter text	Enter text
DESCRIBE ANY LOSSES OVER \$5,000 in DETAIL	Click or tap here to enter text.			

28. Will any other underlying coverage be provided? Describe: [Click or tap here to enter text.](#)



VERY IMPORTANT

PLEASE ATTACHE 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 subject thereof, the entire Policy shall be void.

Date: Click or tap here to enter text.

Applicant: Click or tap here to enter text.

By: Click or tap here to enter text.

Title: Click or tap here to enter text.

Agent/Broker: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text.

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fine 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 false or fraudulent claim for the payment of loss is guilty of a crime and may be subject to fine 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 incompetent 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 person. Penalties include imprisonment and/or fine. 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 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 knowingly and with intent to injure, defraud or deceive 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 hereto commits a fraudulent insurance act, which is 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 on prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false information, 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 fine and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for insurance policy is a 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 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 hereto, 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 insurance policy containing any false, incomplete or misleading information is guilty of felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent 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 hereto 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 provide false or misleading information to an insurance company for the purpose to defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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

NOTICE TO WASHINGTON APPLICANTS: It is a crime to provide false or misleading information to an insurance company for the purpose to 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 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 misleading, conceals information concerning any fact material hereto, 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.