

Promoter Application

Applicant Information					
Corporate Name:			DBA:		
Address 1:			Phone:		
Address 2:			Fax:		
Address 3:			Website:		
City:	St:	Zip:	Inception Year:	Tax ID:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					

Contact Information			
<i>Business Manager</i>			
Contact Name:		Address 1:	
Contact Phone:		Address 2:	
Contact Fax:		Address 3:	
Contact Email:		City:	St: Zip:
<i>Accountant</i>			
Contact Name:		Address 1:	
Contact Phone:		Address 2:	
Contact Fax:		Address 3:	
Contact Email:		City:	St: Zip:

Security Information		
Security Is: <input type="checkbox"/> Employees(# Armed) <input type="checkbox"/> Private Agency(# Armed) <input type="checkbox"/> On Duty Police <input type="checkbox"/> Off Duty Police <input type="checkbox"/> Venue		
If Private Agency, are certificates requested listing applicant as an additional insured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any security staff covered under Worker's Comp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are criminal background checks performed on all security employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will Entertainer(s) provide for own security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a detailed description of security arrangement:		
Are any weapons carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe First Aid Facilities:		
Are you, as the promoter, responsible for parking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate square footage of parking area:		
Attended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Promoter Information

Number of years in business under current name:

If less than three years, list prior employers and experience:

Number of events normally being promoted: Concerts Bar Corporate Other

Estimated attendance at each concert:

Estimated Gross Receipts:

Estimated Annual Admissions:

Please identify type of music promoted (in percentages):

Classical/Easy Listening	%	Rock	%
Country/Bluegrass	%	Comedy/Magicians	%
Reggae	%	Local/New Talent	%
Jazz/R&B/New Age	%	Heavy Metal/Punk	%
Salsa	%	Hip Hop	%

In addition to the above, provide a copy of the current schedule and previous years schedule if applicable.

Any outdoor concerts promoted? Yes No

If yes, provide location, capacity, and type of seating (general admission or reserve) for each:

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

Do any events entail 3 or more musical acts or last 4 or more hours? Yes No

If yes to the above question, give details of these events:

Will liquor be sold by the insured? Yes No

If yes to the above question, note the estimated annual liquor receipts and provide additional details:

Will vendors be present at any events? Yes No

If vendors will be present at any event, provide additional details:

Do you require adding any entity as an additional insured? Yes No

If yes to the above question, provide additional details:

Will any of your events during the policy period include any type of amusement or patron interactive devices? Yes No

If yes to the above question, provide additional details:

Do you commit to any hold-harmless agreements? Yes No

Do you provide talent buying services? Yes No

If yes to the above question, provide additional details:

Do you provide corporate event planning services? Yes No

If yes to the above question, provide additional details:

Do you provide any other services for any event where you are not the promoter? Yes No

If yes to the above question, provide additional details:

Coverage Information	
Proposed Effective Date:	Proposed Expiration Date:
<i>Coverages Requested</i>	<i>Amount</i>
<input type="checkbox"/> H & N/O Auto	
<input type="checkbox"/> Liability	
<input type="checkbox"/> P/Loc. Agg.	
<input type="checkbox"/> Employee Benefits	
<input type="checkbox"/> Excess	

Prior Coverage Information (3 Year History)			
<i>Coverage</i>	<i>Year</i>	<i>Prior Carrier</i>	<i>Prior Premiums</i>
<input type="checkbox"/> <i>H & N/O Auto</i>			
<input type="checkbox"/> <i>Liability</i>			
<input type="checkbox"/> <i>Excess</i>			

Prior Loss History: (Please Explain in Detail)

WARRANT: THE UNDERSIGNED REPRESENTS AND WARRANTS, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, BASED ON REASONABLE INQUIRY, THAT THE PARTICULARS AND STATEMENTS SET FORTH ON THIS APPLICATION ARE TRUE, CORRECT AND ENTIRELY COMPLETE, AND THERE ARE NO OTHER RISK FACTORS THAT HAVE NOT BEEN DISCLOSED HEREIN. IF ANY PARTICULARS OR STATEMENTS ARE MATERIALLY MISREPRESENTED OR MATERIAL INFORMATION HAS BEEN OMITTED INTENTIONALLY OR ACCIDENTALLY, SUCH MISREPRESENTATION OR OMISSION WILL VOID ANY ISSUED COVERAGES AND THE INSURANCE COMPANY WILL HAVE NO DUTY TO DEFEND ANY CLAIMS, PAY ANY DAMAGES, OR PAY SUMS OR PERFORM ACTS OR SERVICES. THE UNDERSIGNED AGREES AND ACKNOWLEDGES THAT THE PARTICULARS AND STATEMENTS SET FORTH HEREIN ARE MATERIAL TO THE ACCEPTANCE OF THE RISK ASSUMED BY THE INSURANCE COMPANY AND THAT THE INSURANCE COMPANY IS RELYING UPON THE TRUTH AND COMPLETENESS OF THE RISK FACTORS DISCLOSED HEREIN. IT IS AGREED BY THE UNDERSIGNED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED HERewith, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS APPLICATION SHALL BE ATTACHED TO AND BECOME A PART OF THE POLICY. IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE UNDERWRITER IMMEDIATELY IN WRITING AND THE UNDERWRITER MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR PROPOSAL.

Signature of Applicant _____ Title: _____ Date: _____