



EVENT PROMOTERS/PLANNERS LIABILITY APPLICATION

General Information:

- 1. Name of Applicant:
2. Mailing Address:
3. Contact Name: Title:
4. Applicant is: Event Promoter Event Planner/Organizer Other:
5. Applicant is: Individual Corporation Partnership Other:
6. Name of Event(s): Web Site:
7. Name(s) of Entertainer(s):
8. Name(s) of Venues/Facilities used:
9. Mailing Address and Venue(s) are: Owned Leased Neither (please explain):
10. Type(s) of Music: Other Type(s) of Entertainment:
11. Number of Years in Operation: With current management:

If two years or less, please attach resume

Current/Most Recent Coverage Information

- Insurance Company: Dates of Coverage:
Is Hired/ Non-Owned Auto Coverage included? Yes No Average Non-Owned Auto Value:
Any losses in the past five years? Yes No If Yes, Attach Loss Record for the Past Five Years
Has any form of Insurance ever been cancelled/declined? Yes No If "Yes", please provide details:
Requested Effective Date: Expiry Date:

Desired Coverages:

- Desired Limit of Liability: Deductible:
Property: Equipment:
Non-Owned Auto: Limit: Average Auto Value: Estimated # of Days Rented:

If Property Coverage is required (other than Inland Marine/Transit) attach the Supplemental Property Application

General Operating Information: For Events in General - for events that are different, mention on separate page

- 1. Is the Event Indoors or Outdoors? Indoors Outdoors Both - Multiple Event Coverage
2. Describe your Responsibilities with respect to the Events:
3. Are you responsible for signing Contracts with Third Parties/Vendors on your Clients' behalf? Yes No

4. Do Events ever include any of the following: Animal Exposures, Motorsports, Inflatables, Demonstrations, Exhibitions, Contests, Audience Participation, Hypnotism, Parades, and/or Services Performed on Attendees (e.g. henna tattoo, piercing, massage, etc.)? Yes No If Yes, describe, including any primary insurance in place:

5. Estimated # of Annual Admissions: _____ Annual Gross Receipts: _____
 Estimated Payroll: _____ Number of Employees: _____

6. Estimated Attendance at Each Event: Largest: _____ Smallest: _____ Average: _____
 Type of Seating Used: Reserved Seats General Admission Festival Other: _____

7. Describe Security (per shift/total): _____
 Is Security provided by: Applicant (if so, Employees or Outside Firm) Venue Other: _____
 Is Certificate of Insurance provided? Yes No If Yes, what Limit? _____
 Is Applicant named as Additional Insured thereon? Yes No

8. Is Video Surveillance used: Indoors Outdoors Describe: _____

9. How is event enclosed to restrict the public if it is not free admission: _____

10. If the Event is being held on street or other public place of vehicular access, what protection is being set up between the street and public walkways? _____

11. Please identify any additional measures taken to minimize exposure to loss (i.e., local police force used, etc.):

12. Is First Aid provided? Yes No If Yes, number of medical personnel on site: _____

13. Distance to Nearest Hospital: _____

14. Venues: ***Previous year and upcoming year Tour Schedules (attach sheet if necessary, in format outlined below)**

**** NOTE Applicable Code for Seating : (S – Stationary/Fixed; P – Portable/Temporary; N - None)**

Date(s)	Name	Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location	Capacity	Indoor/ Outdoor	Annual # of Shows	Seating
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____	_____

15. Describe Responsibility and Control over:

a. Concessionaires: _____
 Will concessionaires provide you with Certificates evidencing Products Liability? Yes No

b. Parking: _____

16. Is Liquor served at any Events? Yes No If Yes, which Event(s): _____

Is Applicant responsible for any Liquor Served? Yes No

If "Yes" please complete our Supplemental Liquor Liability Application

17. Are there Pyrotechnic displays at any Events or proposed Events? Yes No

If "Yes" please complete our Supplemental Pyrotechnic Liability Application

18. If Applicant is a Promoter or Venue Owner: **Attach specimen of agreements used.**

a. Do you require Entertainers to provide Evidence of Insurance? Yes No

b. Do you agree to Hold Harmless the Entertainers while performing? Yes No

19. If Inland Marine coverage is required, provide a brief description of the Property to be Covered, including Protection of Equipment/Property while not in use: (fire fighting equipment, watchman, alarm, etc.):

Is equipment/property, including instruments, kept in a locked, secured location at all times? Yes No

If No, please explain: _____

Brief description of how equipment/property is protected while in use/on tour: _____

Where will the equipment be kept during while in use/on tour? _____

Name and position of person(s) responsible for security and protection of equipment: _____

20. Will any other Underlying Coverage be provided? Yes No If Yes, Describe:

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

NAME	ADDRESS	RELATIONSHIP TO YOU*
1. _____	_____	_____
2. _____	_____	_____

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 material to the issuance of an Insurance Policy and that Applicant 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 expense 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.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____