



International Insurance Brokers, Inc.

CA License #0775391 • NY License #724659

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: _____

Website: _____

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> alternative | <input type="checkbox"/> heavy metal | <input type="checkbox"/> hip hop |
| <input type="checkbox"/> bluegrass | <input type="checkbox"/> jazz | <input type="checkbox"/> rock, soft |
| <input type="checkbox"/> big band | <input type="checkbox"/> new age | <input type="checkbox"/> rock, pop |
| <input type="checkbox"/> classical | <input type="checkbox"/> punk | <input type="checkbox"/> rock, hard |
| <input type="checkbox"/> country | <input type="checkbox"/> traditional R & B | <input type="checkbox"/> rock, Christian |
| <input type="checkbox"/> easy listening | <input type="checkbox"/> rap/urban R & B | <input type="checkbox"/> rock, classic |
| <input type="checkbox"/> folk | <input type="checkbox"/> Latin | <input type="checkbox"/> rock, oldies |
| <input type="checkbox"/> other: _____ | | |

7. Name of Entertainers Applicant Promotes (attach a 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 (500-1,000)	_____ 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/öshedsö	_____ stadiums (over 25,000)

10. Estimated number of annual admissions: _____

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	Outdoors/ Indoors	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 are 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 and type of security used: _____

c. Any weapons carried? _____ Describe fully: _____

15. Do you require entertainers to provide evidence of insurance? _____
Attach a 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 types 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:

merchandising sales	janitorial	alcohol sales
staging	lights/rigging	sound/rigging
generators	special effects	pyrotechnics
ticket sales	ushers	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:

specified mosh pit area	security present at pit site
restricted entry to pit	waiver/release from participants*
explanation of rules	video surveillance
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, please 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: _____