



CONCERT/EVENT PROMOTERS APPLICATION

SUBMISSION REQUIREMENTS

- Completed signed / dated Supplemental Applications
- Completed ACORD Applications (Property, Auto and Umbrella Liability) if coverages requested
- Lease agreement between the insured and venue / facility owner (if applicable)
- Currently valued insurance company loss runs for the current policy period plus 4 prior years
- Safety Program and training guide for employees
- If other named insureds are to be included, attach list and describe operations of each

BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #:	Fax #:	
		E-Mail:	Website:	

GENERAL APPLICANT INFORMATION

Name of Insured:			Website:		
Insured Street Address:		City:	State:	Zip:	
Contact Person:					
Contact Information:		Phone #:	Fax #:		
		E-Mail:			
Business Structure:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other:
Insured Status:	<input type="checkbox"/> For Profit	<input type="checkbox"/> Not For Profit	Federal ID #:		
Date of Incorporation or Charter:		State where Charter or Corporation is filed:			
Name of Owner:					
Name of Insurance Contact:					

POLICY INFORMATION

Effective Date:	Expiration Date:	Quote Need By Date:
Has insured had insurance coverage previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide 5 years currently valued loss runs.		Have coverages ever been canceled or non-renewed during past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:

**Please provide past 5 year hard copy loss runs and description of any individual claim or reserve in excess of \$10,000*

COVERAGE AND LIMITS (Please provide a copy of the expiring policy)

Coverage Type	Limit Type: Occurrence	Limit Amount	Aggregate	Other
General Liability				
Products, Completed Operations				
Personal & Advertising Injury				
Legal Liability				
Abuse & Molestation				
Liquor Liability				
Special Events				
Participant Legal Liability				
Other - Describe				



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ADDITIONAL INSURED – Provide name, description and business relationship

Additional Insured/Vendor Name	Description of the operations	Relationship to Insured

CONTRACTUAL UNDERWRITING INFORMATION

Details of written contractual agreements other than liability assumed under any lease of premises, easement agreement, agreement required by municipal ordinance, sidetrack agreements, and elevator or escalator maintenance agreement:

For instances where subcontractors are utilized, is the proposed named insured listed as an additional insured under the subcontractor's policy? Yes No

Is there a system in place for obtaining certificates of insurance where applicable? Yes No

If Yes, who reviews certificates on behalf of named insured?

What is the minimum limit of general liability coverage requested from each subcontractor? \$ _____

EVENT INFORMATION

Please attach a Schedule of Events which includes date, location, event name, and estimated attendance.

Description of the concerts/events insured will be promoting:

Event Date(s): _____ to _____ Event Times: _____ A.M. / P.M. to _____ A.M. / P.M.

Will insured ever co-promote? Yes No
If Yes, please describe:

Will insured promote any all-day or multi-day concert events during requested policy period? Yes No
If Yes, please describe:

Are you responsible for the Event Security? Yes No *If Yes, please complete the Security application.*

If a private security firm has been contracted, please advise the following: <i>Please attach a copy of the certificate of insurance naming you as additional insured</i>	Type of Security	Uniformed	Undercover	Private	Other
	# of Security				
	Armed?	<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

Please provide the details on the type of medical facility and support at the event – include number of medical personnel and ambulances:

Stage Information Permanent – Height: _____ Width: _____
 Temporary – Height: _____ Width: _____

Who is responsible for stage set up?
Describe Barriers used to keep spectators off stage:

Grandstand Information Permanent # to be used: _____ Age: _____
 Temporary # to be used: _____ Age: _____

Do you use temporary bleachers? Yes No



<i>If Yes, please provide a copy of the certificate of insurance.</i>	
What % of seating will be "festival" or non-reserved seating?	_____ %
Are Ushers used at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When are spectators allowed entry for an event?	
Describe the gates and turnstiles (include type and number):	
Provide details on the advertising of the event:	
Describe your past experience in promoting this type of event:	
Is applicant responsible for the sale of alcoholic beverages? <i>If Yes, please complete Liquor Liability application.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are alcoholic beverages sold by a vendor? <i>If Yes, please provide a copy of the certificate of insurance.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any Concessionaires/Vendors/Trade Booths at the event – number of booths, products sold or displayed, demonstrations, etc.:	
Do you obtain certificates of liability and products insurance coverage from all vendors, concessionaires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured require all vendors, concessionaires to name you as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will concessionaires provide you with Certificates on Insurance evidencing products liability with your organization as Additional Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any other underlying coverage be provided? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of vendors/trade booths:	Kinds of goods sold or displayed:
Are all goods finished products, or are there any on site demonstration of skills; i.e., blacksmith, candle making, cooking, etc. being done at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured verify that the facility(ies) it contracts with are in compliance with city, state, and township building, safety, and fire codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your organization is a member of a trade group of sanctioning body which hold insurance and/or risk management seminars and/or meetings, indicate name of association:	
Is this a sanctioned event? <i>If Yes, name sanctioning organization:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will insured have remote parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will shuttle service be offered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the percentage of time insured books in the following types of venues:

- | | |
|---|------------------------------------|
| ____ % Small Clubs (under 500) | ____ % Auditoriums (over 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 Amphitheaters / "Sheds" | ____ % Stadiums (over 25,000) |



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Please indicate (by percentage) the type of music insured promotes:

- ___% Alternative
- ___% Bluegrass
- ___% Big Band
- ___% Classical
- ___% Country
- ___% Easy Listening
- ___% Folk
- ___% Heavy Metal
- ___% Jazz
- ___% New Age
- ___% Punk
- ___% Traditional R&B
- ___% Rap / Urban R&B
- ___% Latin
- ___% Rock, Soft
- ___% Rock, Pop
- ___% Rock, Hard
- ___% Rock, Christian
- ___% Rock, Classic
- ___% Rock, Oldies
- ___% Other:

SECURITY COVERAGE

Complete only if security is the responsibility of the insured.

PART I

Who is primarily responsible (via contract) for liability coverage for security personnel?	<input type="checkbox"/> Insured	<input type="checkbox"/> Municipality	<input type="checkbox"/> Subcontractor
Indicate the number of: Security personnel on staff: _____ Security supervisors: _____ On premises: _____ Off premises: _____			
Number of security personnel on staff: _____			
Number of security supervisors: _____			
Number on premises: _____			
Do any security personnel carry a firearm as part of their equipment while on duty?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, number of armed security personnel: _____			
Are the security persons employed or contracted by the park? <i>("Employed" means the individual is being paid and supervised directly by the insured. "Contract" means the existence of a written contract with another entity for security services that has insurance coverage separate from the insured's policy for security liability.)</i>			<input type="checkbox"/> Employed <input type="checkbox"/> Contracted
NOTE: If "Employed," please answer Section B., Part I, II, III, and V. If "Contracted," please answer Section B., Part I, II, III, IV, and V.			
If applicable, please provide the estimated payroll for employed security persons: _____			
Total maximum hours per day permitted at this and all other places of employment? _____ hours			
Total maximum hours per week? _____ hours			
What are the staffing guidelines per number of patrons?			
Are the guidelines determined by: <input type="checkbox"/> Ordinance <input type="checkbox"/> Statute <input type="checkbox"/> Industry Standard <input type="checkbox"/> Other – Please Describe:			

PART II

Is there a pre-employment screening procedure? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the procedure include contacting previous employers over the previous five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you contact at least three personal references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a psychological screening profile used? <i>If Yes, what type?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a criminal background check made? <i>If Yes, what agency is used for the criminal background check?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is completion of a minimum 20 hours initial training program required before deployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who conducts the training and what are the trainers' qualifications?:	
Is a minimum of 10 hours on-site training required?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Is a minimum of 4 hours of annual refresher or continuing education training planned and conducted for each security employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each security person given a personal copy of the training/safety manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, has each security person given the park written acknowledgment of the policies and contents?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please include a copy of the manual and a sample of the written acknowledgement.</i>	

PART III

Are the security personnel in uniform? <i>If Yes, please describe the uniform:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please attach a photograph of one security person in standard uniform.</i>	
Are the security personnel identified by other than a uniform? <i>If Yes, please describe the identification and include an example or photograph.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate any equipment carried or routinely available to security personnel:	
<input type="checkbox"/> Flashlight	Type: Size: Construction:
<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Night Stick <i>If Yes, Police Regulation?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> First Aid Kit (including blood borne pathogen kit)	
<input type="checkbox"/> Taser/Phaser	<input type="checkbox"/> Chemicals (Mace, pepper gas)
<input type="checkbox"/> Other:	
<input type="checkbox"/> Firearm - Caliber:	<input type="checkbox"/> .357mm <input type="checkbox"/> .38mm <input type="checkbox"/> .9mm <input type="checkbox"/> Other:
Make:	<input type="checkbox"/> Colt <input type="checkbox"/> S&W <input type="checkbox"/> Ruger <input type="checkbox"/> Other:
<input type="checkbox"/> Covered Holster	Type:
Is Ammunition:	<input type="checkbox"/> Standard <input type="checkbox"/> Other:
Firearm and ammunition approved and inspected by park or security company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe capabilities of each guard for constant communications with each other, the supervisor, and park management:	
Are dogs used in your security operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, please provide the type of dog(s), number, and describe duties.</i>	

PART IV

Date the contracting company began business:	
Is there a written agreement with contracting company? <i>If Yes, please enclose a complete copy of the written agreement.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of contracting company's liability insurance carrier:	
Is the park an additional insured on that policy? <i>If Yes, please enclose a complete copy of the policy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an established working relationship with local law enforcement? <i>If Yes, please describe:</i>	
Please attach a copy of the contracting company's employment procedures.	
Number of contracted security personnel:	Number of security supervisors:



Are there any suits or legal actions pending against the company? <i>If Yes, please explain in detail:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a procedure to immediately report all incidents to park? <i>If Yes, please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART V

Does the supervisor make personal contact with each security person at least once during each shift? <i>If "Yes," please describe:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain all "no" answers.	

Please indicate the following activities/operations insured is normally responsible for:

- | | | |
|--|---|--|
| <input type="checkbox"/> Unarmed Security | <input type="checkbox"/> Armed Security | <input type="checkbox"/> Stage-Back Security |
| <input type="checkbox"/> Merchandise Sales | <input type="checkbox"/> Concession Sales | <input type="checkbox"/> Alcohol Sales |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Janitorial | <input type="checkbox"/> Medical Staffing |
| <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 |

HIRED AND NON-OWNED AUTO LIABILITY

Complete this section if you need a quote for Hired and Non-Owned Auto Coverage. If you do not need a quote for Hired and Non-Owned, skip this section.

Does the insured have any owned automobiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, who is the insurer?</i>	
Limits of coverage: \$ _____ Effective date of coverage: _____	
Does insured allow employees to use their own person vehicles for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, how many employees use their personal vehicles?</i>	
<i>If Yes, how often?</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Does insured obtain Motor Vehicle Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, what limits are required? \$ _____</i>	
Does insured have a driver training program for employees who use owned vehicles or their own personal vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits of coverage required: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other	

ABUSE AND MOLESTATION

Complete this section if you need a quote for Abuse and Molestation Coverage. If you do not need a quote, skip this section.

Does the insured have custodial responsibility for minors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured's employees and volunteers (paid and volunteer) employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured run background checks on all employees and volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have a written set of procedures for screening employees and volunteers? <i>If Yes, please forward. If No, please describe screening process.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does insured have an Abuse & Molestation Policy with regard to sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe specific policy regarding any overnight travel.	



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Has insured's organization ever had an incident which resulted in an allegation of sexual abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate age range of minors in insured's care or under the supervision of insured's employees/volunteers at any time.	



Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:	
1. Company loss runs currently valued for the past 5 years including current year	<input type="checkbox"/>
2. Copies of expiring policies including any manuscript forms	<input type="checkbox"/>
3. Detailed list of all insureds and their descriptions	<input type="checkbox"/>
4. Detailed list of all insured locations and their descriptions	<input type="checkbox"/>
5. List & description of any ancillary activities to be covered	<input type="checkbox"/>
6. Copies of all event brochures you participant in	<input type="checkbox"/>
7. Copy of all subcontractor agreements including certificates of insurance naming the Insured as an additional insured (liquor, pyrotechnics, security, product providers, etc.)	<input type="checkbox"/>
8. Copy of licensing agreement with any firm or manufacturer to provide products, souvenirs, apparel, etc.	<input type="checkbox"/>
9. Copy of adult and minor waiver and release and/or assumption of risk forms	<input type="checkbox"/>
10. Copy of your procedures for screening employees and volunteers	<input type="checkbox"/>
11. Copy of your abuse and molestation policy and procedures	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner, Partner, Member, Principal, or Officer Applicant's Printed Name:
 Authorized to Sign as Applicant

Title: _____ Date: _____

Producer Name: _____ License#: _____



THIS WARNING IS PART OF YOUR APPLICATION/QUOTATION. PLEASE READ IT CAREFULLY.

STATE SPECIFIC FRAUD WARNINGS

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application/quotation 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied).

APPLICABLE IN COLORADO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA AND OREGON

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE

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.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she 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.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN VERMONT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.

APPLICABLE IN WASHINGTON

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.