Promoters Application

About This Program

This application is used to insure a promoter of music, festivals, shows, clubs, parties and related events.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Admissions/Revenue Schedule
- Sample contract used with venues and artists
- Certificates from security company
- Schedule of Events
- Vendor Supplement (if covering vendors)
- Additional Insured Supplement (if additional insureds)

Applicant Information

Named Insured:	
Entity Type:	☐Individual ☐LLC ☐LLP ☐Corporation ☐Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	☐ Yes ☐ No
Any losses in the past 3 years? If yes, provide details below.	☐ Yes ☐ No

Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any prior insurance coverage? If yes, provide details below	☐ Yes ☐ No

Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

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Event Information

Procedures

Years of Industry Experience	
Is a standard contract used with all facilities	☐ Yes ☐ No
Is a standard contract used with Artists/Performers/Talent? Does the contract require the artist to name you as additional insured?	☐ Yes ☐ No ☐ Yes ☐ No
Who is responsible for injury to the spectators?	☐ Promoter ☐ Venue
Security Are Security personnel subcontracted from a third party? Are certificates of insurance obtained?	 ☐ Yes ☐ No ☐ Yes ☐ No

General Event Info

Typical Types of Events	
Will any events have stunts, pyrotechnics or other hazardous activities?	☐ Yes ☐ No
Any rap/hip-hop concerts or events with live rap/hip-hop music?	☐ Yes ☐ No
Average number of attendees per event	
Maximum number of attendees per event	
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks) Cost of hire (mobile studios & film trucks) Loaned or Donated autos (#, days)	 _____ _____ _____# ____Days

Events & Admissions

	Previous 12 Months		Upcoming 12 Months	
	# of Events	Admissions	# of Events	Admissions
Concerts (other than rap/hip-hop)				
Concerts (rap/hip-hop)				
Trade Shows				
Festivals (no camping, no live music)				
Festivals (camping, no live music)				
Festivals (camping, music)				
Other Events				
Total				

Revenue

	Previous 12 Months	Upcoming 12 Months
Ticket Sales		
Concession Sales (other than liquor)		
Other (advise source of revenue)		
Total Sales		

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Coverages

Dates of Coverage Effective: / / (12 month coverage term)

Coverage		Limit	Deductible
General Liability (* Indicates required coverages)			
Occurrence / Aggregate Limit	*		n/a
Certificates of insurance for locations	*	Included	n/a
City Certificates		☐ Include ☐ Exclude	
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Throwing Objects Exclusion		☐ Include ☐ Remove	n/a
Inland Marine (* Indicates required coverages if Inland Marine is purchased)			
Rented Equipment			
Rented Props, Sets, Wardrobe			
Third Party Property Damage			
Office Contents			
Business Income & Extra Expense			
EDP			
Limited Computer Virus Coverage			
Accounts Receivable			
Valuable Papers			
Money & Securities			
Waiver of Subrogation		☐ Include ☐ Exclude	
Worldwide Coverage		☐ Include ☐ Exclude	
Automobile (* Indicates required coverages if Automobile is purchased)			
Hired & Non-Owned Auto Liability			n/a
Waiver of Subrogation		☐ Include ☐ Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			
Excess Liability			
Occurrence / Aggregate Limit			n/a

Applicant Signature: Date:

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: Insurance Agency/Agent: License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Schedule of Events

This supplement is used to schedule events onto the policy.

	Event 1	Event 2	Event 3	Event 4
Type of Event				
Name of Event				
Brief Description of Event				
Total Attendance				
Artist/Band				
Venue Name Venue Address Venue City, State, Zip				
Venue Capacity				
Event Dates (include setup/teardown)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
# of Vendors to cover *				
# of Additional Insureds to cover *				

* To cover vendors and additional insureds, complete the vendors and additional insureds supplemental applications.

For Additional Events, Duplicate this page

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Vendor Supplement

This supplement is used to cover vendors, exhibitors, concessionaires and attractions under your policy.

Code	Event Name	# Days at Event	Vendor Name	Address, City, State, Zip

Code	Vendor Type
V1	Exhibitor
V2	Attraction/Performer
V3	Concessionaires/vendors – food/beverage
V4	Concessionaires/vendors – other than food/beverage

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Additional Insured Supplement

This supplement is used to cover additional insureds under your policy for a specific event.

Code	Event Name	Additional Insured Name	Address, City, State, Zip

Code	Additional Insured Type
A1	Co-Promoter
A2	Bands
A3	Lighting, Staging Companies
A4	Sponsors
A5	Venues

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FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

☐ **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.

☐ **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 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.

☐ **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.

☐ **MAINE:** It is a crime to knowingly provide false, 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.

☐ **MARYLAND:** 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 fines and confinement in prison.

☐ **MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to $5,000.00.

☐ **MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

☐ **NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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 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.**

☐ **OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

☐ **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.

☐ **OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

☐ **RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?
_____YES **_____NO**

☐ **UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."

☐ **WISCONSIN:** It is a crime to knowingly provide false, 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.

☐ **ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT

_____ DATE