

Venues Application

About This Program

This application is used to insure a venue for the events that take place at the venue.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Admissions/Revenue Schedule
- Sample contract used with event holders
- Certificate from security company (if outside security)
- Schedule of Events
- Vendor Supplement (if covering a vendor)
- Liquor supplement and liquor license (if liquor sales)

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> 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:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
	/ /				
	/ /				

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Venue Information

Venue Location Details

Address, City, State, Zip of Venue	
Capacity (maximum allowable attendees per event)	
Is a standard contract used with the tenant user/event organizers?	
Is facility compliant with city, state and county building safety codes?	
Security Does the venue have any security personnel or bouncers Are the security personnel subcontracted from a third party? Are certificates of insurance obtained? Number of security personnel	<input type="checkbox"/> Security Personnel <input type="checkbox"/> Bouncers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No _____
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

Event Details

Average Number of Attendees per Event	
Estimated number of events/shows for the upcoming year	
Will any events have stunts, pyrotechnics or other hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typical types of events	

Admissions

	Previous 12 Months	Upcoming 12 Months
Other than Concerts		
Concerts (other than rap/hip-hop)		
Concerts (rap/hip-hop)		
Total Admissions		

Revenue

	Previous 12 Months	Upcoming 12 Months
Ticket Sales		
Concession Sales (other than liquor)		
Liquor Sales (complete liquor section below)		
Total Sales		

For additional venues, duplicate this page.

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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
Blanket Additional Insureds/Certificates of insurance	*	Included	n/a
City Certificates		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Liquor Liability		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Owned Equipment, Props, Sets, Wardrobe			
Rented Equipment, Props, Sets, Wardrobe			
Office Contents - furnishings, fixtures, improvements & betterments (all states but WA)			
Office Contents - furnishings, fixtures (WA only)			
Business Income & Extra Expense			
Resumption of Operations			
EDP			
Limited Computer Virus Coverage			
Accounts Receivable			
Valuable Papers			
Money & Securities			
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			

Excess Liability

Occurrence / Aggregate Limit			n/a
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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 certain 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, complete the vendors and additional insureds supplemental applications.

For Additional Events, Duplicate this page

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Liquor Supplement

This supplement is used for venues that sell liquor.

Are you in the business of selling liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a liquor license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name on the liquor license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor license Number		
Class of liquor license		
Has the liquor license ever been revoked or suspended? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been fined by an alcoholic beverage control or other government regulator? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of alcoholic beverages sold	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Hard Alcohol	
Security:		
Security personnel trained to deal with liquor problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Servers receive alcohol awareness training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Median age of customers		
How do you verify patrons are over 21?		
Parking areas patrolled to prevent intoxicated drivers from driving from the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

