



Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068 www.egggroup.com
800.874.9191 FAX 602.702.7600 Email: Entertainment@egggroup.com



CONCERT PROMOTER SUPPLEMENTAL APPLICATION

Please complete this application, in addition to Acord 125 and Acord 126, and send all attachments.

Agent/Broker: _____ Date of Application _____
Address: _____
Contact: _____ Telephone Number: _____
E-Mail _____ Fax Number: _____

APPLICANT INFORMATION

1. Name of Applicant : _____
2. Address: _____
3. Current Internet Address _____
4. In business under present management since _____
5. Names and titles of principal officers, partners or individuals: _____

6. Names of Entertainers Applicant Promotes (attach separate sheet & prior schedules):

7. Do you require entertainers to provide evidence of insurance? Yes No
 - a) Do you agree to hold harmless the entertainers while performing? Yes No
 - b) Are you named as an Additional Insured? Yes No

RATING INFORMATION

8. Estimated Number of Annual Admissions: _____
9. Estimated Number of Annual Performances: _____
10. Estimated Gross Annual Receipts: _____
11. Type of Concerts normally promoted: Please indicate (by percentage) the type of music you will promote:

_____ % Alternative Rock	_____ % Heavy Metal	_____ % Hip Hop
_____ % Bluegrass	_____ % Jazz	_____ % Rock, Soft
_____ % Big Band	_____ % New Age	_____ % Rock, Pop
_____ % Classical	_____ % Punk	_____ % Rock, Hard
_____ % Country	_____ % R & B	_____ % Rock, Hard
_____ % Easy Listening	_____ % Rap/Urban	_____ % Rock, Classic
_____ % Folk	_____ % Latin	_____ % Rock, Oldies
	_____ % Other (Specify): _____	

12. Estimated number in Attendance at each Concert:

Smallest: _____ Largest: _____ Average Size: _____

13. Facilities Information: Attach copy of Contractual Agreements used.

Name	Location	Capacity	# of Events	Venue Type*	Seating**

* C (Club), Aud (Auditorium), A (Arena), S (Stadium), G (Grandstand), O (Open-Air Amphitheatres)

** S (Stationary), P (Portable), G (General Admission), N (None)

14. Please indicate the percentage of time you book in the following types of venues:

Clubs: _____ % (under 500) _____ % (500-1,000)

Auditoriums: _____ % (under 1,000) _____ % (1,000-5,000)

Arenas: _____ % (under 5,000) _____ % (5,000-10,000) _____ % (over 10,000)

Stadiums: _____ % (up to 10,000) _____ % (10,000-25,000) _____ % (over 25,000)

Grandstands: _____ %

Open-air Amphitheatres: _____ %

15. Do you have exclusive promotion rights at any venue? Yes No

If yes, please provide a copy of your contract with those venues.

16. Do you own any Venue? Yes No

If Yes, please explain _____

17. 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 _____

18. Do you use of any portable seating? Yes No

If Yes, please explain _____

19. Activities/Operations: Please indicate the following operations you are normally responsible for:

- Merchandise Sales Janitorial Ticket Sales Ushers
- Staging Lights/Rigging Sound/Rigging Generators
- Special Effects Pyrotechnics Transportation

20. Do you ever assume, by contract, the liability of other parties? Yes No

If yes, explain _____

21. Who is responsible for security? _____
- a) Liability Limits carried \$ _____
- b) Do you require a Hold Harmless Agreement? Yes No
- c) If yes, what limits required? _____
- d) Identify any additional security measures taken to minimize exposure to loss (i.e. local police used, ticket sale precautions, curfews, etc.) _____
- _____
- _____
- e) Indicate number and type of security used _____
- _____
- f) Are any weapons carried? Yes No
- Describe fully: _____
- _____
22. Written emergency evacuation plan in place? Yes No
23. Please indicate the precautions and contingencies you put in place for mosh pits
- | | | |
|--|--|--|
| <input type="checkbox"/> specified mosh pit area | <input type="checkbox"/> security present in pit | <input type="checkbox"/> restricted entry to pit |
| <input type="checkbox"/> video surveillance | <input type="checkbox"/> explanation of rules | <input type="checkbox"/> waiver/release from participants* |
| <input type="checkbox"/> restriction for body-surfing/slam dancing | *Please provide a copy of your waiver/release | |
24. Describe First Aid Facilities: _____
- _____
- a) Who is responsible? _____
- b) Contract in place? Attach a copy of contract Yes No
- c) Certificate of Insurance Obtained? Yes No
- d) Insured named as Additional Insured? Yes No
25. Are you as the promoter responsible for Parking? Yes No
- a) If yes, indicate square footage of parking area _____
- b) Attended? Yes No
26. Are you responsible for concessions? Yes No
- a) If yes, indicate annual receipts and type of concessions _____
- b) If no, provide a copy of a Certificate of Insurance evidencing products liability with your organization added as an additional insured.
27. Will liquor be sold at the events? Yes No
- a) If yes, can you provide Certificates of Insurance evidencing Liquor Liability Coverage? Yes No
- b) Who is responsible for Liquor Sales? _____

28. Has your Promoter's insurance under this or any previous name ever been cancelled or nonrenewed? Yes No

If yes, explain (include carrier): _____

29. Premium and Loss Record for the last five (5) years. Attach hard copy loss runs

30. Will any other underlying coverage be provided? Yes No

Describe: _____

31. Insured Contact Information:

Title	Name	Phone
Your Loss Control Manager		
Your General Manager		
Audit Contact		
Accounts/Business Manager		

For Coverages other than General Liability, please attach Applicable Acord Applications.