



Allen Financial Insurance Group

CONCERT / EVENT PROMOTER / LARGE VENUE EVENT APPLICATION

To request an insurance quotation from AFIG Entertainment please submit the appropriate applications as well as any additional items as requested.

Send completed application to: Allen Financial Insurance Group P.O. Box 9957 Phoenix, AZ 85068

Or e-mail applications to: entertainment@egggroup.com Fax: 602.992.1570 800.874.9191

Please submit the following ACORD Applications as coverage is needed:

ACORD Applicant Information
ACORD Property Section
ACORD Inland Marine Section
ACORD Crime Section

ACORD Business Auto Section
ACORD Business Auto (State Specific)
ACORD Umbrella Section
Liquor Liability Supplement

Named Insured (Applicant) _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

FAX _____ Email _____ Website _____

LIMITS OF LIABILITY: \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

EVENT DETAILS

Event Dates: ____/____/____ to ____/____/____

Type of Event: _____ Total "Event Days" _____

Average Daily Attendance _____ Athletic Participants/Performers: _____

Venue Name: _____

Venue Address: _____

City: _____ State: _____ Zip: _____

Event Name: _____

Event Description: _____

Budget: (Total cost of event): \$ _____ Cost of Admission \$ _____

Event will be: Indoors Outdoors Partially Outdoors

For Live Music/Concerts

Type/Genre of Music: Rap R&B Rock Heavy Metal Pop Punk Electronic

(Check all that apply) Country Classical Jazz Bluegrass Christian Gospel

Other _____

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

Performers Name _____

(Attach brochure, flyer, etc.) Age bracket of attendees _____

Date of Event _____ Opening & Closing Hours _____

Estimated Participants _____ Estimated Attendance _____ Maximum Capacity _____

Ticket Price \$ _____ Number of tickets printed _____ Gross Receipts \$ _____

Event will be: Indoors Outdoors Reserved Seating _____% General Admission _____%

Applicant's experience in conducting events of this type (number, dates, etc.) _____

Are you responsible for security at the events? Yes No
If private security firm attach certificate naming you as an additional insured.

Describe security protection	Number	Armed?
<input type="checkbox"/> Uniformed Police Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Undercover Police Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Private Security Officers		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Will bleachers, platforms, grandstands or stages be used? Yes No

Portable Permanent Wood Steel Concrete Back and side railings? Yes No

If stage is used describe height and what systems or physical characteristics used to keep spectators off stage.

Describe number and type of gates and turnstiles. _____

Are you responsible for security at the events? Yes No

Type of medical facility/ambulance provided at the event(s)? _____

If outdoors, describe type of fencing or barriers used to prevent entry by non-ticket holders. _____

How long before performance will spectators be allowed entry? _____

What type of concessions on premises? _____

Will concessionaires provide certificates including products naming you additional insured? Yes No

Will Beer, Wine or Liquor be sold or distributed free? Yes No
By independent contractors? Yes No

Describe _____

Describe medical facilities at event _____

Describe fire protection _____

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

CONTRACTUAL INFORMATION

Do you obtain certificates naming you as additional insured on exhibitors insurance? Yes No

Provide copies of agreements pertaining to your events. Also provide details of other contractual agreements.

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

Who has authority to sign contracts on behalf of the proposed named insured and what is the review process?

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?

Is this a sanctioned event? Yes No Sanctioning Organization _____

Will you have remote parking? Yes No What arrangements have been made for shuttle service?

LIST NAMES AND ADDRESSES OF PREMISES OWNERS, SANCTIONING ORGANIZATIONS, REGULATORY OR LICENSING AUTHORITIES REQUIRING FILINGS AND PARTIES REQUIRING PROOF OF INSURANCE AND/OR ADDITIONAL INSURED ENDORSEMENTS. Identify any special permits, concession agreements or private land use areas used and attach copy of any permits or agreements.

Additional Insured

Name

Mailing Address

City

State

Zip Code

Additional Insured (use additional sheet if needed)

Name

Mailing Address

City

State

Zip Code

Present or previous insurance carrier: _____ Coverage cancelled or refused? Yes No

Premium and Loss History

Year	Insurer	Premium	# of Losses	Total Amounts Paid

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

LIQUOR LEGAL LIABILITY SECTION

Complete this section if you need Liquor Liability Coverage. If not required please skip and go to next section.

Is alcohol sold during events by the Insured / Applicant? Yes No

Name on liquor license: _____

Liquor license number: Class of license: _____

Has applicant's liquor license ever been revoked or suspended? Yes No

If yes, please explain:

Has applicant incurred claims for liquor liability during the last 3 years? Yes No

If yes, please explain:

Has any insurer cancelled or non-renewed coverage during the last 3 years? Yes No

If yes, please explain:

Has applicant ever been fined by alcoholic beverage control or other governmental regulator? Yes No

If yes, please explain:

Type of beverages sold: _____

Liquor Sales \$ _____ Food Sales \$ _____ Other Sales \$ _____

Are patrons allowed to carry alcoholic beverages onto the premises? Yes No If yes, what type?

Do you exercise the right of search and seizure of contraband items? Yes No

If yes, how do you notify the public of this? _____

Do you maintain security personnel at entry check points? Yes No

If yes, what type?

Are the alcohol sales and consumption contained within one fixed site or are booths/stands located throughout the event site? Yes No

Number of servers used?

Professional? Yes No Explain:

Volunteer? Yes No Explain:

Do the servers receive any type of alcohol awareness training? Yes No

If yes, please explain:

(attach training manuals used)

Median age of liquor customers: 18-25 25-30 30-40 40 and over

Explain how ID's are checked:

Are uniformed police officers present at the site of alcohol sales? Yes No

If yes, how many?

Are undercover police officers present? Yes No If yes, how many?

Are private security officers present? Yes No If yes, how many?

Are rules and regulations clearly displayed for patrons viewing? Yes No

Describe:

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

In what size of container is the alcoholic beverage served? Cup oz. Pitcher
Other

Is there a limit placed on the quantity of alcoholic beverages purchased at one time? Yes No
Explain:

Is the parking area patrolled to prevent intoxicated drivers from leaving the premises? Yes No
Explain:

Is there any type of designated driver program? Yes No
Explain:

Is there any other underlying liquor liability coverage being provided? Yes No
Explain:

Will there be additional limits of liquor liability purchased? Yes No
If yes, what is the additional limit?

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

SECURITY COVERAGE SECTION

Complete this section if security is responsibility of the Insured. If not required please skip and go to next section.

PART I: SECURITY COVERAGE

Who is primarily responsible (via contract) for liability coverage for security personnel?

Insured Municipality Subcontractor

Number of security personnel on staff: _____

Number of security supervisors: _____

Number on premises: _____

Number off premises: _____

Do any security personnel carry a firearm as part of their equipment while on duty? Yes No

If yes, number of armed security personnel: _____

Are the security persons employed or contracted by the park? Yes No

("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.)

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: _____

Total maximum hours per week? _____

What are the staffing guidelines per number of patrons? _____

Are the guidelines determined by: Ordinance, or Statute? Yes No

Industry standard? Yes No

Other (please describe): _____

PART II: SECURITY COVERAGE

Is there a pre-employment screening procedure? Yes No If yes, please describe:

Does the procedure include contacting previous employers over the previous five years? Yes No

Do you contact at least three personal references? Yes No

Is a psychological screening profile used? Yes No If "yes," what type:

Is a criminal background check made? Yes No

If "yes," what agency is used for the criminal background check?

Is completion of a minimum 20 hours initial training program required before deployment? Yes No

Who conducts the training and what are the trainers qualifications:

Is a minimum of 10 hours on-site training required? Yes No

Is a minimum of 4 hours of annual refresher or continuing education training planned and conducted for each security employee? Yes No

Is each security person given a personal copy of the training/safety manual? Yes No

If "yes," has each security person given the park written acknowledgment of policies and contents? Yes No

NOTE: PLEASE INCLUDE A COPY OF THE MANUAL & A SAMPLE OF THE WRITTEN ACKNOWLEDGMENT.

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

PART III: SECURITY COVERAGE

Are the security personnel in uniform? Yes No
If "yes," please describe the uniform:

NOTE: PLEASE ATTACH A PHOTOGRAPH OF ONE SECURITY PERSON IN STANDARD UNIFORM.

Are the security personnel identified by other than a uniform? Yes No
If "yes," please describe the identification and include an example or photograph.

Please indicate any equipment carried or routinely available to security personnel:

- Flashlight Type: _____ Size: _____ Construction: _____
- Handcuffs Night Stick Is Night Stick Police Regulation? Yes No Other? Yes No
- First Aid Kit (including blood borne pathogen kit)
- Taser / Phaser
- Chemicals (Mace, pepper gas) Other: _____
- Firearms Yes No - Caliber: .357 .38 .9mm Other: _____
- Make: Colt S&W Ruger Other: _____
- Covered Holster Type: _____
- Is Ammunition Standard Yes No Other: _____

Firearm and ammunition approved and inspected by park or security company? Yes No
Describe capabilities of each guard for constant communications with each other, the supervisor, and park management:

Are dogs used in your security operations? Yes No
If yes, please provide the type of dog(s), number, and describe duties _____

PART IV: SECURITY COVERAGE

Date the contracting company began business: _____
Is there a written agreement with contracting company? Yes No
If "yes," Please enclose a complete copy of the written agreement

Name of contracting company's liability insurance carrier: _____

Is the park an additional insured on that policy? Yes No
If "yes," please enclose a complete copy of the policy.

Is there an established working relationship with local law enforcement? Yes No
If "yes," please describe:

Please attach a copy of the contracting company's employment procedures
No. of contracted security personnel: _____ No. of security supervisors: _____
Are there any suits or legal actions pending against the company? Yes No
If yes, please explain in detail:

Is there a procedure to immediately report all incidents to park? Yes No
If yes, please describe:

PART V: SECURITY COVERAGE

Does the supervisor make personal contact with each security person at least once per shift? Yes No
If "yes," please describe:

Please explain all "no" answers.

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

TRANSPORTATION SECTION

Does the promoter own any vehicles? Yes No

If yes, please provide a completed ACORD Auto Application including Auto Schedule

Does the promoter allow the use of employees' personal autos for company business? Yes No
If yes, number of people employed by the promoter:

Does the promoter rent vehicles? Yes No

If yes, is rental coverage purchased from the rental agency? Yes No

Estimated number of rental days: _____

General description of the exposure (transport VIP's and/or guests, employees run errands, etc., rental/lease, contracted transportation, hauling):

Are all drivers covered by workers' compensation? Yes No

Is there a written policy with respect to the use of company vehicles? Yes No
If yes, explain:

Are employees allowed to use company vehicles for personal use? Yes No

Can family members drive company vehicles? Yes No

Explain the driver selection process (age review, independent MVR review, confirmation of primary insurance, proof of valid drivers license):

What does the promoter do if an individual is found to have three or more moving violations or a DUI or an OUI type of violation?

Does the promoter have a driving safety/training program? Yes No

Where are the vehicles being stored?

Are there protections in place at the area where vehicles are stored? Yes No
If yes, please explain:

Is there a concentration of values or exposure (major exposure is within a certain time frame) with respect to this insured? Yes No
If yes, explain:

Does the promoter travel to Canada or Mexico? Yes No

Description of any high valued vehicles (over \$75k):

Does the promoter have a vehicle maintenance program? Yes No

What's the majority radius of the auto fleet?

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

PYROTECHNICS SECTION

Please complete this section if you need a quote for Pyrotechnics Coverage. If you do not need a quote for Pyrotechnics, please skip this section and continue to the next section.

LIMIT OF LIABILITY: \$1,000,000 CSL \$2,000,000 CSL \$3,000,000 CSL \$4,000,000 CSL

Description of Events:

Location of Events:

Street City State Zip

Dates of Events:

Who is the Authority having jurisdiction over the use of pyrotechnics at the facility?

Local Fire Department State Fire Marshal Other (please list):

What permit process must be followed prior to use of pyrotechnics at the facility:

Please submit the pyrotechnics plan from the most recent use of pyrotechnics for which a permit was obtained.

Have you staged pyrotechnic displays before? Yes No

If yes, please list any claims/losses that have occurred and the amount of loss:

Description Date of Occurrence Amount of Loss

Who will be the pyrotechnics operator?: Named Insured Contractor

Complete this section if the Pyrotechnics Operator is the Named Insured

(a) List names of people shooting fireworks and describe their experience.

Please note: This coverage will exclude Bodily Injury Liability to the fireworks shooter.

Name / Experience

(b) Where are the pyrotechnics stored when not in use?

Does it meet Federal/State Storage Regulation? Yes No

What quantity of pyrotechnic material is stored on site (pounds, # of shows, etc):

Describe the type and amount of pyrotechnics used in recurring events (e.g. introductions, home runs, etc.):

Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

Do you secure proper pyrotechnic permits for each event? Yes No

Are the shooters listed above licensed for pyrotechnics? Yes No

Complete this section if the Pyrotechnics Operator is a Contractor.

(a) Name: _____

(b) Is there an agreement with the contractor? Yes No

If yes, please provide a copy of the agreement.

(c) Will liability coverage be provided by the pyrotechnics contractor? Yes No

If yes, please indicate limits of coverage provided: \$1,000,000 Greater than \$1,000,000 Other:

Please attach a copy of certificate of insurance including any additional insured listing

(d) Do you confirm that the contractor has secured the proper pyrotechnic permits for each event? Yes No

(e) Describe what fire prevention and suppression measures are taken to support the pyrotechnic loading and firing process:

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

Do you allow tenant users (including temporary tenant users) to conduct pyrotechnic displays either themselves or through a contractor? Yes No

If yes, what steps are taken to ensure that the appropriate permits are granted, appropriate fire safety codes are met, and that insurance has been obtained from either the tenant or the tenant's contractor which lists you as an Additional insured?

If no, does the tenant lease/use agreement indicate that pyrotechnic displays are not permitted? Yes No

Are events with pyrotechnics held: Indoors Outdoors

What type of pyrotechnics will be displayed (as defined in NFPA code 1126)?

- Aerial Shells Airbursts Black Powder Comets Concussion Effects Concussion Mortars
 Electric Matches Flares Flash Pots Flashpowder Gerbs Integral Mortars Mines Mortars
 Rockets Saxons Waterfall, Falls, Park Curtains Wheels Salutes
 Other, please list:

OUTDOOR PYROTECHNICS (only complete if outdoor pyrotechnic displays are staged)

Are the events in compliance with NFPA 1123 or 1126 (Code for Fireworks Display)? Yes No

Is there fencing to keep spectators away from restricted areas during the fireworks shooting? Yes No

If yes, distance of spectator fencing from launch site: _____

Distance of spectator parking area from launch site: _____

Distance of closest building or structure from launch site: _____

Will there be firefighting equipment on site during the event? Yes No

If no firefighting equipment on site, give distance to nearest fire station:

Will you have an ambulance on site? Yes No

If no, (a) what is the estimated response time of an ambulance? _____

(b) distance to nearest medical facility: _____

INDOOR PYROTECHNICS (only complete if indoor pyrotechnic displays are staged)

Are the events in compliance with NFPA 1126 (Standard Code for the Use of Pyrotechnics before a Proximate Audience)? Yes No

Do you verify that facility (ies) are sprinklered? Yes No

What other form of fire fighting equipment is available at the facility (ies)?

Do the facility (ies) have an emergency evacuation plan? Yes No

If yes, how often is the staff drilled on emergency evacuation?

Number of accessible (not locked) emergency exits at the facility (ies):

What steps are taken to inform patrons of the locations of all emergency exits?

Maximum capacity of the facility(ies):

Has the fire marshal approved the use of pyrotechnics at the facility? Yes No

If yes, as of what date:

CONCERT / EVENT PROMOTER / LARGE VENUE EVENTS

Allen Financial Insurance Group, Inc. for the insuring Company shall be permitted but not obligated to inspect the INSURED'S property and operations for UNDERWRITING AND/OR LOSS CONTROL PURPOSES at any time. Neither the right to make an UNDERWRITING AND/OR LOSS CONTROL VALUATION nor the making thereof nor any report thereof shall constitute an undertaking, on behalf of or for the benefit of any insured, or others, to forecast any accident or its severity or determine or warrant that such property or operations are safe or healthful, or are in compliance with any engineering standards, rules, or regulations. The establishment of underwriting criteria and UNDERWRITING AND/OR LOSS CONTROL EVALUATIONS ARE FOR THE SOLE PURPOSE OF DETERMINING THE INSURABILITY OF CERTAIN PROPERTY AND OPERATIONS, underwriting, and seeking to reduce claims against insurance and are not for the benefit of any insured or third party. The Insured is solely responsible for the safety of its property and operations and shall not rely upon any UNDERWRITING AND/OR LOSS CONTROL evaluations or activities to determine the safety of its property or operations and shall not diminish or forego its own safety practices and procedures.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all of the questions and answers of these applications. I confirm that I have read and understand the individual state fraud notices which are a part of this application for coverage. I acknowledge and understand that any person or persons who knowingly and with intent to defraud any insurance company commits a fraudulent insurance act, which is a crime, is subject to criminal and civil penalties. . I/We understand any policy issued will not provide Worker's Compensation. I/We agree to pay reasonable attorneys fees, costs and expenses necessarily incurred if suit or collection becomes necessary.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR TO THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

APPLICANT

Signature _____ Title _____ Date _____

BROKER _____ TELEPHONE (____) _____

BROKER ADDRESS _____ EMAIL _____

Additional Underwriting Information:

- Five years currently valued company loss runs.
- Copy of expiring policy or specific manuscript endorsements that the insured would like to submit for consideration.
- List of all Insured's to be included along with a description of each.
- Copy of all contracts and agreements executed for the concerts and events you will be promoting.
- Copy of all contractor and sub-contractor agreements and/or contracts including copies of certificates of insurance from all contractors and sub-contractors (e.g. food service, liquor, security, maintenance).
- A schedule of events and all ancillary events including description of each or a brochure for each event.
- Copy of facility rental agreement(s) if special events are applicable (i.e., flea markets, festivals, concerts).
- Copy of written policy with respect to the use of company vehicles.
- Copy of Insured's driving safety/training program.

Allen Financial Insurance Group

P.O. Box 9957 Phoenix, AZ 85068
602.992.1570 800.874.9191 FAX 602.9928327
Email: entertainment@eggroup.com Website: www.EQGroup.com