

Agency Name:
Address:
Contact Name:
Phone:
Fax:
Email:

Concert Indoor or Outdoor Supplemental Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Years in business? _____ Years of Experience in this field: _____

DESCRIPTION OF EVENT:

Event Location _____

Name of Venue (if Applicable) _____

Duration of Event (include the time Doors open to close): _____

Number of days event is held: _____

Name of Performer(s) or Group(s)	Type of Music (Genre)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

UNDERWRITING INFORMATION

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$ _____
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ _____
PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION)	\$ _____
EACH OCCURRENCE	\$ _____
DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES)	\$ _____
MEDICAL EXPENSE (ANY ONE PERSON)	\$ _____

GENERAL INFORMATION

EXPLAIN ALL "NO" RESPONSES

- 1. Is the facility designed to accommodate this type of event? Yes No
- 2. Permanent Seating? Yes No
Number of Tickets Available: _____
Estimated Attendance: _____
Assigned Seating? Yes No
If General Admission, provide detailed description of crowd controls in place: _____

- 3. Are concert-goers prohibited from bringing outside food, beverage or alcoholic beverages? Yes No
- 4. Are patrons screened prior to entry to the event and banned items confiscated or discarded? Yes No
- 5. Is there an adequate number of security guards / crowd monitoring personnel on site? Yes No
If yes Employed Subcontracted
If subcontracted, is a certificate of insurance with limits at least equal to those requested obtained? Yes No
- 6. Concerts held indoors – Verify the following
Adequate number of exits: Yes No
Permanent seating: Yes No
Lighting including emergency lighting: Yes No
Fire suppression system: Yes No
Event held on ground level: Yes No
First aid or emergency staff on hand: Yes No
- 7. Concerts held outdoors – Verify the following
Adequate distance between spectators and stage: Yes No
Employees and staff are trained to identify weather related dangers and evacuation procedures: Yes No
First aid or emergency staff on hand: Yes No
Permanent seating: Yes No
Lighting including emergency lighting for night time events: Yes No
- 8. Are pyrotechnic displays including stage installed (pyrotechnics or gerbs are prohibited)? Yes No
- 9. Are all performers/performing groups fully insured? Yes No
- 10. Is there a written contract / agreement with a waiver or hold harmless in favor of the Applicant? Yes No

Remarks: _____

SCHEDULE OF HAZARDS (Attach a separate sheet, if necessary)

Loc. #	DESCRIPTION	CLASS CODE	PREMIUM BASIS
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

PRODUCTS/COMPLETED OPERATIONS

- Any retail products sold by the Applicant? Yes No
 If yes, estimated gross receipts:
 Description of the Product: _____
- Any food or beverage sold? Yes No
 If yes, provide complete details:
 Alcoholic Beverages: By the Applicant: Receipts: _____ By Vendors
 Food Products: By the Applicant: Receipts: _____ By Vendors
- Are all Vendors fully insured? Yes No
 Is a written contract / agreement with a waiver or hold harmless in favor of the Applicant in place? Yes No
 Does the Applicant require a certificate of insurance with limits at least equal to those requested? Yes No
 Does the Applicant require a copy of the vendors license if alcohol is being served? Yes No

Remarks: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

Has the applicant been cancelled or non-renewed in the last three years?..... Yes No

If yes, Explain. _____

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT FOR THE STATE(S) OF:

Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other 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.

Maine, Tennessee, Virginia, 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 may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: 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 civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other 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, 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.

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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Producer's Signature

Date

Applicant's Signature

Date