

Promoter & Festival Supplemental Application

| Applicant Information

Applicant name: _____ Application date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Website: _____ Applicant's email: _____

Type of entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Other _____

Federal Employer Identification Number (FEIN) or Tax Identification Number: _____

Applicant's contacts	Name	Phone	Email
Loss control manager	_____	_____	_____
General manager	_____	_____	_____
Audit	_____	_____	_____
Account/business manager	_____	_____	_____

In business under present management since (year): _____

Is the applicant a member of any event safety association? ☐ Yes ☐ No

If yes, please provide name of association: _____

List previous names under which the applicant has operated as a promoter, if applicable:

Name: _____

Name: _____

Name: _____

Single Event Only

Event description: _____

Event location: _____

Event dates, including load in/out: _____

From: _____

To: _____

Number of performance days: _____

Admissions per day: _____

Total admissions all days: _____

Are multiple-day tickets sold? ☐ Yes ☐ No

Location type: ☐ Indoors ☐ Outdoors

Has this event been held before? ☐ Yes ☐ No

If yes, please explain: _____

Multiple Events or Annual Promoters (bypass this section if Single Event Only)

Estimated annual admissions: _____

Estimated gross receipts: _____

Estimated annual performances: _____

Annual admissions last year: _____

Indicate by percentage the types of performances the applicant promotes:

_____ % Alternative/indie rock	_____ % Church/religious	_____ % Country/bluegrass/folk
_____ % Big band	_____ % Classical/easy listening	_____ % Electronics/DJ
_____ % Children's	_____ % Comedy	_____ % Heavy metal/grunge/punk
_____ % Hip hop/rap	_____ % New age	_____ % Rock & roll
_____ % Jazz	_____ % Pop/top 40	_____ % Sports
_____ % Latin	_____ % R&B	_____ % Other: _____
_____ % Magician	_____ % Reggae	_____ % Other: _____

Names of entertainers the applicant promotes (Attach separate sheet & prior schedules.)

General Information

Does the applicant require entertainers to provide evidence of insurance? ☐ Yes ☐ No (Attach copies of agreements used.)

Does the applicant agree to hold entertainers harmless while performing? ☐ Yes ☐ No

Is the applicant listed as an Additional Insured on the entertainers' policy? ☐ Yes ☐ No

Does the applicant co-promote events or shows? ☐ Yes ☐ No

Does the applicant enter into written contracts with these co-promoters? ☐ Yes ☐ No

Does the applicant receive a Certificate of Insurance naming them as an Additional Insured on the co-promoter's General Liability policy? ☐ Yes ☐ No

Venues

Please indicate the percentage of time the applicant books in the following venue types:

<input type="text"/> % Clubs (under 500)	<input type="text"/> % Clubs (501 – 1,000)	<input type="text"/> % Clubs (over 1,000)
<input type="text"/> % Music Hall (under 1,000)	<input type="text"/> % Music Hall (1,001 – 5,000)	<input type="text"/> % Music Hall (over 5,000)
<input type="text"/> % Arenas (under 5,000)	<input type="text"/> % Arenas (5,001 – 10,000)	<input type="text"/> % Arenas (over 10,000)
<input type="text"/> % Stadiums (under 25,000)	<input type="text"/> % Stadiums (25,001 – 50,000)	<input type="text"/> % Stadiums (over 50,000)
<input type="text"/> % Auditoriums (under 1,000)	<input type="text"/> % Auditoriums (1,001 – 5,000)	<input type="text"/> % Auditoriums (over 5,000)
<input type="text"/> % Grandstands	<input type="text"/> % Open-air amphitheaters	<input type="text"/> % Open fields

Venue	City/State	Est. # events per year	Seating	Ticket types

If the event is held outdoors:

Describe fencing or protection used to prohibit entry by non-ticket holders:

Seating types: ☐ Reserved seats ☐ General admission

Does the applicant provide talent-buying services when the applicant is not the promoter and is paid a fee? ☐ Yes ☐ No

If yes, number of shows annually: Expected revenue:

Safety & Security

Who is providing security? ☐ Applicant ☐ Venue ☐ Contracted service ☐ Police ☐ Other

Number of security personnel:

If provider is other than applicant, are there signed contracts outlining roles and responsibilities? ☐ Yes ☐ No

Does the contract require the applicant to be held harmless? ☐ Yes ☐ No

If yes, minimum limits required:

Is a Certificate of Insurance obtained confirming the applicant is an Additional Insured on the provider's General Liability policy? ☐ Yes ☐ No

If security is handled by employees, please explain training program provided:

Safety & Security *(Continued)*

Do security personnel employed by the applicant or contracted service carry weapons? ☐ Yes ☐ No

If weapons are carried by the applicant or their employees, what type of training or certification is required?

Identify any additional security or safety measures:

Emergency evacuation and communication plan in place ☐ Yes ☐ No

Evacuation/egress plan arranged with civil authorities ☐ Yes ☐ No

Weather monitoring ☐ Yes ☐ No

Closed circuit camera ☐ Yes ☐ No

Perimeter fencing (outdoor event only) ☐ Yes ☐ No

Adequate drinking water available to attendees (outdoor event only) ☐ Yes ☐ No

Social media monitoring ☐ Yes ☐ No

Walkway/pathway lighting ☐ Yes ☐ No

Parking area Patrolled ☐ Yes ☐ No

Lighting ☐ Yes ☐ No

Other: _____

Fire protection: ☐ Extinguishers ☐ Sprinkler location ☐ Municipal ☐ Volunteer

Describe first-aid facilities: _____

Who is responsible for first-aid facilities? ☐ City paramedics ☐ Event staff ☐ Contracted service

Contract in place? ☐ Yes ☐ No If yes, please provide copies.

Is the applicant named as an Additional Insured on the contracted service's General Liability policy? ☐ Yes ☐ No

Are mosh pits, stage diving or body/crowd surfing allowed? ☐ Yes ☐ No

If yes, please indicate the precautions and contingencies the applicant has in place (Select all that apply):

☐ Specified mosh pit area

☐ Security present in pit

☐ Restricted entry to pit

☐ Video surveillance

☐ Explanation of rules

☐ Waiver/release from participants
Attach copy of waiver/release.

If no, what is the applicant's practice if mosh pits, stage diving, or body/crowd surfing start at an event?

Concessions & Liquor

Is the applicant responsible for concessions? ☐ Yes ☐ No If yes, what are the annual receipts? _____

Describe type of concessions: _____

Are COIs requested for outside vendors evidencing applicant as additional insured? ☐ Yes ☐ No

Will liquor be sold at the events? ☐ Yes ☐ No

If yes, who holds the valid liquor license? _____

If a third party is used for liquor sales, is a Certificate of Insurance obtained evidencing liquor liability with the applicant as an Additional Insured? ☐ Yes ☐ No

What limit of liquor liability does the third party carry? _____

If a third party is used, does the applicant receive a commission on liquor sales? ☐ Yes ☐ No

What controls are used for liquor sales? ☐ Wristband ☐ Other (please describe) _____

If the applicant provides liquor, please complete Liquor Liability Supplemental Application.

Functional Responsibility Chart

	Applicant	Subcontractor	Venue	COI Provided by Vendor	Not Applicable
Management of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security (armed or unarmed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging, equipment, rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the applicant is not responsible, does the applicant receive a COI listing the insured including hold harmless provisions? ☐ Yes ☐ No

Additional Exposures

Are swimming pools, lakes or bodies of water part of the event or within the applicant's contracted control? ☐ Yes ☐ No

If yes:

Will swimming be allowed? ☐ Yes ☐ No Will a certified lifeguard be present? ☐ Yes ☐ No

Is water hazard fenced or patrolled? ☐ Yes ☐ No

Does the applicant ever assume, by contract, the liability of other parties?

If yes, please explain:

Do any events have overnight camping? ☐ Yes ☐ No

Submission Requirements

This application requires additional documentation:

- Copies of contractual agreements
- Copy of flyers, press releases, or advert
- Loss record for the past five (5) years
- Site plan for outdoor events.
- Emergency evacuation plan for festivals.
- If applicant is responsible for but subcontracts security, amusement devices, pyrotechnics or liquor, copies of Certificates of Insurance must be provided.

Completed applications and additional documentation can be submitted by email to info@aes.auw.com.

Fraud Statements / Signature

The following is part of the Application:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH and PA

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in FL)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER