

Venue 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	_____	_____	_____
Risk manager	_____	_____	_____

How long has current management been at this facility? _____

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, if applicable:

Name: _____

Name: _____

General Information

Requested effective coverage from _____ to _____

Requested liability limits: Occurrence: _____ Aggregate: _____

Requested deductible: _____

Is the applicant's current insurance company offering renewal? ☐ Yes ☐ No

If no, please explain: _____

Has the applicant's insurance ever been canceled or non-renewed? ☐ Yes ☐ No

If yes, please explain: _____

Please describe the applicant's criteria for reporting incidents to their insurance carrier:

Does the facility self-promote events? ☐ Yes ☐ No

If yes, please describe the types of events the facility self-promotes:

Does the facility co-promote events? ☐ Yes ☐ No

If yes, does the applicant enter into written contracts with these co-promoters? ☐ Yes ☐ No

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

Please provide details of all insured or uninsured losses, claims or incidents for this event in the past 5 years (Attach separate sheet if needed):

Venue

Total capacity: _____ Seating capacity: _____ Annual attendance: _____

Are restrooms checked and/or cleaned during events? ☐ Yes ☐ No

If yes, how often? _____

Does the venue play or host performances of rap, hip-hop, punk rock, rave, heavy metal or similar music genres? ☐ Yes ☐ No

If yes, please describe additional security measures: _____

Safety & Security

Who is primarily responsible under contract for liability coverage of off-duty police?

☐ Applicant ☐ Municipality

Who is primarily responsible under contract for worker's compensation of off-duty police?

☐ Applicant ☐ Municipality

Are all the applicant's security guard employees licensed by the state as a security guard?

☐ Yes ☐ No

If no, please explain:

Please complete the information below with the **maximum** number of employees and independent contractors.

	Employees		Off-duty police		Other independent contractors	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-time						
Part-time						

Are background investigations and checks conducted on all employees who perform security duties?

☐ Yes ☐ No

If yes, select all background checks that apply:

- | | |
|---|---|
| <input type="checkbox"/> Criminal background checks | <input type="checkbox"/> Personal reference |
| <input type="checkbox"/> Previous employer | <input type="checkbox"/> Background cleared prior to hire |
| <input type="checkbox"/> Motor vehicle report | <input type="checkbox"/> Fingerprints |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Other: _____ |

What firearm training is required for armed security employees?

Does the applicant have a formal training program for security employees?

☐ Yes ☐ No

If yes, describe or attach a copy of training manual:

How many dogs will be used in the applicant's security operations?

Please describe security measures in place to prevent terrorism incidents, such as metal detectors, bag/package restrictions/searches, perimeter controls, digital video, restricted/scheduled deliveries, etc. (Attach additional sheet if needed):

Does the applicant's risk manager or head of security contact venues where scheduled acts have previously performed to obtain information on additional security needs or other potential problems?

☐ Yes ☐ No

If yes, please describe applicant's procedures:

Does the applicant have an emergency evacuation plan?

☐ Yes ☐ No

If yes, please describe:

Are parking lots well lit?

☐ Yes ☐ No

Are parking lots patrolled?

☐ Yes ☐ No

Fire protection: ☐ Extinguishers ☐ Sprinklers Location ☐ Municipal ☐ Volunteer

Does the applicant have a contract for servicing automatic extinguishing systems?

☐ Yes ☐ No

If yes, please provide copies

Safety & Security *(Continued)*

How often is the fire protection system serviced and maintained?

☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Does the applicant have a contract for cleaning hoods and ducts? ☐ Yes ☐ No If yes, please provide copies

How often are filters cleaned? _____ By whom? _____

Describe first-aid facilities: _____

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

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

Is 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):

- | | |
|--|--|
| <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
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 food and/or drink? ☐ Yes ☐ No

If a third party is used for food and/or drink sales, is a Certificate of Insurance obtained with the applicant named as an Additional Insured? ☐ Yes ☐ No

Limit: _____ Carrier: _____

Estimated annual sales of alcohol: _____ Food: _____

Will liquor be sold or served at the event? ☐ Sold ☐ Served ☐ No liquor

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 named as an Additional Insured? ☐ Yes ☐ No

Limit: _____ Carrier: _____

Do servers receive alcohol awareness training? ☐ Yes ☐ No

If yes, please describe the training: _____

What time does the sale or service of alcohol stop? _____ ☐ a.m. ☐ p.m. ☐ 24 hours

Concessions & Liquor *(Continued)*

Does applicant permit BYOB? ☐ Yes ☐ No

Are there cooking facilities on the premises? ☐ Yes ☐ No

If yes, please describe type of fire protection:

Functional Responsibilities

	Applicant	Subcontractor	Not applicable
Management of facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security (armed or unarmed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging, equipment, rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amusement devices/rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off-premises catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is a Certificate of Insurance obtained from annual subcontractors and tenants naming the applicant as an Additional Insured? ☐ Yes ☐ No

Non-owned/Hired Auto Liability

Does the applicant have a business auto policy for owned autos? ☐ Yes ☐ No

If yes, coverage should be obtained under the applicant's business auto policy.

Do employees or volunteers routinely use their personal vehicles for company business? ☐ Yes ☐ No

If yes, please describe:

Non-owned/Hired Auto Liability *(Continued)*

Total number of employees: _____

Total number of volunteers: _____

Does the applicant verify that the employee or volunteer has insurance with limits of \$300,000 or greater before using their personal vehicles for company business?

☐ Yes

☐ No

During the past 3 years, has the applicant leased, borrowed, or hired vehicles for the business?

☐ Yes

☐ No

Does the applicant anticipate leasing, borrowing, or hiring any type of vehicles this year?

☐ Yes

☐ No

If yes, please describe:

Please list all drivers (Attach additional sheet if needed):

Name	Date of birth	Driver's license #	State of license

Submission Requirements

This application requires additional documentation:

- Copies of contractual agreements for subcontracted services
- Contract for servicing automatic extinguishing systems
- Contract for first-aid facilities
- Loss record for the past five (5) years
- Emergency evacuation plan
- Security procedures
- Copy of user/event agreement
- Copy of lease agreement with landlord, if applicable
- Copy of lease agreement with tenants, if applicable
- Copy of agreement used with concert promoters

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