

# 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:

- Criminal background checks
- Personal reference
- Previous employer
- Background cleared prior to hire
- Motor vehicle report
- Fingerprints
- Drug Screening
- 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):

- 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 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:

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## 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:

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# 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](mailto:info@aes.auw.com).*

# Fraud Statements / Signature

**The following is part of the Application:**

## **Applicable in AL**

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

## **Applicable in AR, LA, MD, 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 CA**

For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

## **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 DC**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

## **Applicable in FL**

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.

## **Applicable in KS**

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, 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**

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.

## **Applicable in ME**

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.

## **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 NM**

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.

## **Applicable in NY**

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.

## **Applicable in OH**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

# Fraud Statements / Signature

## Applicable in OK

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.

## 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 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.

## 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.

## Applicable in TN and VA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

## Applicable in WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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