



APPLICATION for: **Promoter and Festival Supplemental Application**

Name of Applicant: _____ Date of Application: _____

In business under present management since: _____

If less than 3 years in business, list all previous names under which you have operated as a promoter: _____

Website: _____ Insured Email Address: _____

SUBMISSION REQUIREMENTS

- Copy of rental agreement or venue contract
- Copy of flyer, press release, advertising
- Facility diagram (outdoor events)
- Copies of COIs if applicant is responsible but subcontracts for security, rides, animals or pyrotechnics
- Loss Record for the last five (5) years
- Emergency Evacuation Plan (Festival only)

SINGLE EVENT ONLY (bypass Multiple Events or Annual Promoters Section below)

Provide event description: _____

Event Location: _____

Event Dates including load in/out: From: _____ To: _____

Number of performance days: _____

Admissions: Per day: _____ Total all days: _____

Are multiple day tickets sold? Yes No

Location Type: Indoors _____ or Outdoors _____

Has this event been held before? Yes No

If yes, please explain: _____

MULTIPLE EVENTS OR ANNUAL PROMOTERS

Estimated Number of: Annual admissions: _____ Annual gross receipts: _____

Annual performances: _____ Annual admissions last year: _____

Names of entertainers you promote: _____

Facilities or venue used (include city and state): _____

Do you have exclusive promotion rights at any venue(s)? Yes No

If yes, please list venue names, city and state: _____

Do you own any venue? Yes No

If yes, please identify and explain: _____

Do you provide talent buying services where you are not the promoter and are paid a fee? Yes No

If yes, please include the number of annual shows and expected revenue: _____

Please indicate the percentage of time you book in the following types of venues:

<u>Clubs:</u>	_____ % up to 500	_____ % 501 to 1,000	_____ % Over 1,000
<u>Music Hall:</u>	_____ % up to 1,000	_____ % 1,001 to 5,000	_____ % Over 5,000
<u>Arenas:</u>	_____ % up to 5,000	_____ % 5,001 to 10,000	_____ % Over 10,000
<u>Stadiums:</u>	_____ % up to 25,000	_____ % 25,001 to 50,000	_____ % Over 50,000
<u>Grandstands:</u>	_____ %	<u>Open-air amphitheaters:</u>	_____ %
		<u>Open fields:</u>	_____ %

GENERAL QUESTIONS

Do you require entertainers to provide evidence of insurance? Yes No

Do you agree to hold the entertainers harmless while performing? Yes No

Are you listed as an Additional Insured (AI) on their policy? Yes No

Do you co-promote any events or shows? Yes No

Do you enter into written contracts with these co-promoters? Yes No

Do you receive a Certificate of Insurance (COI) naming you as an AI on the co-promoter's General Liability policy? Yes No

Type of seating used: Reserved seats General Admission Both

Seating Construction: Permanent Temporary

Seating Provided: Bleachers Stadium Folding Chairs Other: _____

Type of concerts normally promoted (please indicate by percentage the type of music you plan to promote):

_____ % Alternative/Indie Rock	_____ % Children's	_____ % Church/Religious
_____ % Classical/ Easy Listening	_____ % Classic Rock	_____ % Comedy
_____ % Country/Bluegrass/Folk	_____ % Electronic/DJ	_____ % Heavy Metal/Grunge/Punk
_____ % Hip Hop/Rap	_____ % International/World	_____ % Jazz
_____ % Latin	_____ % Magician	_____ % Pop/Top 40
_____ % R&B	_____ % Reggae	_____ % Rock & Roll
_____ % Sports: _____	_____ % Other: _____	

SECURITY/LIFE SAFETY

Who is providing security? (Check all that apply) You Venue Contracted Service Police None

If 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

Minimum liability limits required? _____

Is a COI obtained confirming that the applicant is an Additional Insured on the provider's General Liability policy? Yes No

If handled by employees, please explain any training program provided: _____

Number of security personnel: _____

Are weapons carried by you or a contract service? Yes No

If weapons are carried by you or your employees, what type of training or certification is required?

Identify any additional security/life 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 Cameras 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? City Paramedics Event Staff Contracted Service

If contracted service, are you listed 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 you put into 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

If no, what is your practice if mosh pits, stage diving or body/crowd surfing starts at an event? _____

Are you a member of Event Safety Alliance or any other event safety association? Yes No

LIQUOR LIABILITY

Will liquor be sold at the event(s)? Yes No

Who is responsible for liquor sales (who holds the valid license)? _____

If a third party is used, is a COI obtained evidencing liquor liability with you added as an AI? Yes No

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

If a third party is used, do you receive a commission on the liquor sales? Yes No

What controls are used? Wristband Other (describe) _____

**If you provide liquor, please complete liquor liability supplemental application.*

ADDITIONAL EXPOSURES

Are there swimming pools, lakes or bodies of water as 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

Do any events have overnight camping? Yes No

**If you provide camping, please complete camping supplemental application.*

FUNCTIONAL RESPONSIBILITY CHART

	Applicant	Subcontractor	Venue	N/A	COI provided by Vendor
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"/>
Annual receipts and type of concessions: _____					
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"/>
Amusement devices/rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatable attraction	<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 you are not responsible, do you receive a COI listing the insured as additional insured including hold harmless provisions? Yes No

Do you ever assume, by contract, the liability of other parties? Yes No

If yes, explain: _____

Applicant Name: _____

Agent/Broker: _____

Signature: _____

Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____

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