



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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