



APPLICATION FOR: **Venue Supplemental Application**

**\*If multiple locations, please fill out an application for each location.**

Name of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

In business under present management since: \_\_\_\_\_

If less than three (3) years in business, list previous names under which you have operated as a promoter: \_\_\_\_\_

Website: \_\_\_\_\_

Estimated Number of: Annual admissions: \_\_\_\_\_ Annual gross receipts: \_\_\_\_\_

Annual admissions last year: \_\_\_\_\_ Annual performances: \_\_\_\_\_

Name of entertainers who perform at your venue: \_\_\_\_\_

Location Type:  Indoors  Outdoors  Both

Location Square Footage: \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_

If build is more than twenty (20) years old, please indicate updates for the following:

Electrical: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Roof: \_\_\_\_\_ HVAC: \_\_\_\_\_

If outside promoters are used or you rent your facility to others, please provide a sample contract: \_\_\_\_\_

If no outside promoters are used, please provide a sample contract used with performers: \_\_\_\_\_

**GENERAL QUESTIONS**

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

Do you agree to hold harmless the entertainers 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 certificate of insurance (COI) listing you as an AI?  Yes  No

Do you require liability limits greater than \$1M from co-promoters?  Yes  No

Type of seating used: Reserved Seats: \_\_\_\_\_ General Admission: \_\_\_\_\_ Both: \_\_\_\_\_

Seating Construction: Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Type of concerts normally promoted at venue (please indicate by percentage the type of music you will promote):

Alternative/Indie Rock: \_\_\_\_\_ Christian: \_\_\_\_\_ R&B: \_\_\_\_\_

Country/Bluegrass/Folk: \_\_\_\_\_ Comedy: \_\_\_\_\_ Pop/Top 40: \_\_\_\_\_

Electronic/DJ: \_\_\_\_\_ Heavy Metal/Grunge/Punk: \_\_\_\_\_ Latin: \_\_\_\_\_

Children's: \_\_\_\_\_ Jazz: \_\_\_\_\_ Magician: \_\_\_\_\_

Reggae: \_\_\_\_\_ Sports/Contact: \_\_\_\_\_ Hip Hop/Rap: \_\_\_\_\_

Rock & Roll: \_\_\_\_\_ Classic Rock: \_\_\_\_\_ Other (specify: \_\_\_\_\_): \_\_\_\_\_

Classical/Easy Listening: \_\_\_\_\_ International: \_\_\_\_\_

**SECURITY/LIFE SAFETY**

Who is responsible for security? (Select all that apply.)  Venue  Contracted Service  Police  None  
If other than you, are there signed contracts outlining roles and responsibilities?  Yes  No  
Does the contract require that you are to be hold harmless?  Yes  No

Minimum liability limits required: \_\_\_\_\_

Is a COI obtained adding you as an AI?  Yes  No

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

Number of daily security personnel: \_\_\_\_\_

Are weapons carried?  Yes  No

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

Are any events held outdoors?  Yes  No

If yes, describe fencing or protection used to prohibit entry by non-ticket holders: \_\_\_\_\_

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 venues only)?  Yes  No
- Social media monitoring?  Yes  No
- Walkway/pathway lighting?  Yes  No
- Parking area - patrolled?  Yes  No
- Parking area - lighting?  Yes  No
- Adequate drinking water available to attendees?  Yes  No
- Do you have a safety program in place with respect to COVID-19, which includes social distancing, masks, etc.?  Yes  No
- Is there an Active Shooter protocol/plan in place?  Yes  No

Other: \_\_\_\_\_

Fire Protection:  Extinguishers  Sprinklered Location  Municipal  Volunteer

Alarm Protection:  Central Station  Local  Other

Are there hard-wired smoke detectors used in all public areas?  Yes  No

Describe First Aid facilities: \_\_\_\_\_

Who is responsible?  City Paramedics  Venue Staff  Contracted Service

If contracted service, are COIs obtained listing you as an AI?  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 events safety association?  Yes  No

**LIQUOR LIABILITY**

Will liquor be sold at the venue?  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**

Do you provide production services (i.e. lights, sound, video, etc.)?  Yes  No

Is there cooking on premises?  Yes  No

If yes, is the cooking area, hood and duct system protected by a fire extinguishing system?  Yes  No

Do you have a written agreement in place for grease removal, hood, duct and filter cleaning with an outside cleaning company?  Yes  No

How often is the hood and duct serviced?  Annually  Every Six Months  Quarterly

**RESPONSIBILITY CHART**

	Applicant	Vendor	N/A	Certs provided by Vendor
Management of Facility	<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"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concessions Annual receipts & types of concessions: _____	<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"/>
Pyrotechnics	<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"/>
Staging, Equipment, Rigging	<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"/>
Amusement Devices/Rides	<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"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Square footage of parking area: _____	<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 an AI including hold harmless provisions?  Yes  No

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

If yes, explain: \_\_\_\_\_

Has your insurance under this or any previous name ever been canceled or non-renewed?  Yes  No

If yes, please explain and include carrier: \_\_\_\_\_

**Required attachments:**

- Copy of rental agreement or venue contract
- Facility diagram
- Copies of certificates if applicant is responsible but subcontracts for security, rides, animals or pyrotechnics
- Loss Record for the last five (5) years

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