



## EVENT PROMOTERS APPLICATION

### BROKER INFORMATION

Broker/Agency Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #	Fax #	
		E-Mail:	Website:	

### GENERAL APPLICANT INFORMATION

Business Name:				
Address:		City:	State:	Zip:
Contact Person:				
Contact Information:		Phone #	Fax #	
		E-Mail:	Website:	
Location (if different)		City:	State:	Zip:
Facility Name (if different)				

### POLICY INFORMATION

Effective Date:		Expiration Date:		Quote Need By Date:	
Event Date:		Event Time (s):			
Previous Insurance Carrier:		Have coverages ever been canceled or non-renewed during past 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please provide an explanation:			
Policy Term:	Year:	Year:	Year:	Year:	
Limits:					
Annual Premium:					
*Incurred Losses /Claims under insurance policy:					

\*Please provide past 5 year hard copy loss runs and description of all individual claims or reserves

### COVERAGE AND LIMITS

Coverage Type	Limit Type: Occurrence/Event	Limit Amount	Aggregate	Deductible	Other

### UNDERWRITING INFORMATION

Do you verify that all facilities that you contract with are in compliance with all governmental safety and fire codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If No, please explain:
Are any events sanctioned?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, advise the event and sanctioning organization:
Who has the authority to sign contracts on your behalf?		
Please describe the review process for contracts and certificates:		
What is the minimum required limit of liability for each subcontractor/vendor?		



**Please complete the following schedule for each event:**

<b>EVENT SCHEDULE</b>					
<b>Name of Promoter:</b>			<b>Schedule Year:</b>		
Event Name	Event Date	Event Location	Event Description – if a concert, advise type of performance; Pop, Rock, Jazz, C&W, Classical, Rap/Hip Hop, etc.		Expected # of Attendees
Are you responsible for the Event Security?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please complete the Security application.		
If a private security firm has been contracted, please advise the following:  *Please attach a copy of the certificate of insurance naming you as additional insured		Type of Security	Uniformed	Undercover	Private
		# of Security			
		Armed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the details on the type of medical facility and support at the event – incl number of medical personnel and ambulances:					
Stage information:	<input type="checkbox"/> Permanent – Height:	Width:	Describe Barriers used to keep spectators off stage?		
	<input type="checkbox"/> Temporary – Height:	Width:	Advise who is responsible for setting up the stage?		
Grandstand :	<input type="checkbox"/> Permanent	# to be used	Age		
	<input type="checkbox"/> Temporary	# to be used	Age		
Do you use temporary bleachers?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please provide a copy of the certificate of insurance.			
What % of seating will be “festival” or non-reserved seating?				%	
Are Ushers used at the event?		<input type="checkbox"/> Yes <input type="checkbox"/> No		When are spectators allowed entry for an event?	
Describe the gates and turnstiles:		Type:		Number:	
Provide details on the advertising of the event:					
Describe your past experience in promoting this type of event:					
Is applicant responsible for the sale of alcoholic beverages?			<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please complete Liquor Liability application		
Are alcoholic beverages sold by a vendor?		<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please provide a copy of the certificate of insurance.			
Please describe any Concessionaires/Vendors/Trade Booths at the event – number of booths, products sold or displayed, demonstrations, etc.:					
Do you obtain certificates of liability and products insurance coverage from all vendors, concessionaires? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you require all vendors, concessionaires to name you as an additional insured? <input type="checkbox"/> Yes <input type="checkbox"/> No					



### Required Information for a Quote

Please be sure the following items are completed in their entirety and attached to the application as applicable:

1. The Event Promoters Application	<input type="checkbox"/>
2. Event Schedule for Upcoming Year completed for each event	<input type="checkbox"/>
3. #125 ACORD Applicant Information	<input type="checkbox"/>
4. #140 ACORD Property Section	<input type="checkbox"/>
5. #127 ACORD Business Auto Section (State Specific)	<input type="checkbox"/>
6. #131 ACORD Umbrella Section	<input type="checkbox"/>
7. 5 Year Hard Copy Loss Runs – currently valued	<input type="checkbox"/>
8. Copies of all contracts & certificates that are required on the application	<input type="checkbox"/>

I understand that the signing of this application does not bind me to complete or Insurance Carrier to accept this Insurance but agree that, should a contract of Insurance be concluded, this application and the statements made therein shall form the basis of the contract.

By signing this Application, I agree to conduct electronic commerce and to accept an electronic insurance policy and other documents issued by Everest. I acknowledge that I may request a written policy.

**I DECLARE THAT THE STATEMENTS AND VALUES MADE HEREIN ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
Signature of Owner, Partner, Member, Principal, or Officer  
Authorized to Sign as Applicant

\_\_\_\_\_  
Applicant's Printed Name:

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Name: \_\_\_\_\_ License#: \_\_\_\_\_