

Venues Application

About This Program

This application is used to insure a venue for the events that take place at the venue.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Admissions/Revenue Schedule
- Sample contract used with event holders
- Certificate from security company (if outside security)
- Schedule of Events
- Vendor Supplement (if covering a vendor)
- Liquor supplement and liquor license (if liquor sales)

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any losses in the past 3 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
	/ /				
	/ /				

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Venue Information

Venue Location Details

Address, City, State, Zip of Venue	
Capacity (maximum allowable attendees per event)	
Is a standard contract used with the tenant user/event organizers?	
Is facility compliant with city, state and county building safety codes?	
Security Does the venue have any security personnel or bouncers Are the security personnel subcontracted from a third party? Are certificates of insurance obtained? Number of security personnel	<input type="checkbox"/> Security Personnel <input type="checkbox"/> Bouncers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks) Cost of hire (mobile studios & film trucks) Loaned or Donated autos (#, days)	_____ _____ _____ # _____ Days

Event Details

Average Number of Attendees per Event	
Estimated number of events/shows for the upcoming year	
Will any events have stunts, pyrotechnics or other hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Typical types of events	

Admissions

	Previous 12 Months	Upcoming 12 Months
Other than Concerts		
Concerts (other than rap/hip-hop)		
Concerts (rap/hip-hop)		
Total Admissions		

Revenue

	Previous 12 Months	Upcoming 12 Months
Ticket Sales		
Concession Sales (other than liquor)		
Liquor Sales (complete liquor section below)		
Total Sales		

For additional venues, duplicate this page.

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Coverages

Dates of Coverage

Effective: / / (12 month coverage term)

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *		n/a
Blanket Additional Insureds/Certificates of insurance *	Included	n/a
City Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Liquor Liability	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Inland Marine

(* Indicates required coverages if Inland Marine is purchased)

Owned Equipment, Props, Sets, Wardrobe		
Rented Equipment, Props, Sets, Wardrobe		
Office Contents - furnishings, fixtures, improvements & betterments (all states but WA)		
Office Contents - furnishings, fixtures (WA only)		
Business Income & Extra Expense		
Resumption of Operations		
EDP		
Limited Computer Virus Coverage		
Accounts Receivable		
Valuable Papers		
Money & Securities		
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *		n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)		

Excess Liability

Occurrence / Aggregate Limit		n/a
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Applicant Signature: _____

Date: _____

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: _____

Insurance Agency/Agent: _____

License Number: _____

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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Schedule of Events

This supplement is used to schedule certain events onto the policy.

	Event 1	Event 2	Event 3	Event 4
Type of Event				
Name of Event				
Brief Description of Event				
Total Attendance				
Artist/Band				
Venue Name				
Venue Address				
Venue City, State, Zip				
Venue Capacity				
Event Dates (include setup/teardown)	/ / - / /	/ / - / /	/ / - / /	/ / - / /
# of Vendors to cover *				
# of Additional Insureds to cover *				

* To cover vendors, complete the vendors and additional insureds supplemental applications.

For Additional Events, Duplicate this page

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Vendor Supplement

This supplement is used to cover vendors, exhibitors, concessionaires and attractions under your policy.

Code	Event Name	# Days at Event	Vendor Name	Address, City, State, Zip

Code	Vendor Type
V1	Exhibitor
V2	Attraction
V3	Concessionaires/vendors – food/beverage
V4	Concessionaires/vendors – other than food/beverage

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Liquor Supplement

This supplement is used for venues that sell liquor.

Are you in the business of selling liquor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a liquor license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name on the liquor license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liquor license Number		
Class of liquor license		
Has the liquor license ever been revoked or suspended? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has applicant ever been fined by an alcoholic beverage control or other government regulator? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of alcoholic beverages sold	<input type="checkbox"/> Beer	<input type="checkbox"/> Wine <input type="checkbox"/> Hard Alcohol
Security: Security personnel trained to deal with liquor problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Servers receive alcohol awareness training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Median age of customers		
How do you verify patrons are over 21?		
Parking areas patrolled to prevent intoxicated drivers from driving from the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** 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.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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.
- FLORIDA:** 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.
- MAINE:** 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.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** 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.
- OREGON:** 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.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

_____YES
_____NO
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WISCONSIN:** 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> SIGNATURE OF APPLICANT	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DATE
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