

## SECTION 1: INSURED

### 1.1 Effective Dates

Policy period required from (effective date): \_\_\_\_\_ to (expiry date): \_\_\_\_\_

### 1.2 Named Insured as it is to appear on policy:

### 1.3 What is the insured?

☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Individual ☐ Other (specify) \_\_\_\_\_

### 1.4 Mailing Address:

### 1.5 Nature of business/description of operations/events:

### 1.6 Estimated Number of Events:

## SECTION 2: BROKER DETAILS

### 2.1 Name of Agent/Brokerage:

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## SECTION 3: GENERAL INFORMATION

### 3.1 Name and title of all Principal Officers, Individuals, Partners:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### 3.2 Prior Experience and Employer (please be as descriptive as possible):

### 3.3 Does promoter ever promote a particular group or entertainer nationally?

☐ Yes ☐ No

Does promoter ever promote a particular group or entertainer Internationally?

☐ Yes ☐ No

### 3.4 Please identify type of music promoted:

a. Classical/Easy listening \_\_\_\_\_ %

b. Country/Bluegrass \_\_\_\_\_ %

c. Reggae \_\_\_\_\_ %

d. New Wave \_\_\_\_\_ %

e. Comedy/Magicians

%

f. Local/New Talent

%

g. Jazz/R&B/50's/New Age

%

h. Heavy Metal/Punk/Hard Level

%

i. Salsa

%

j. Rap/Hip Hop/Slam Dancing

%

k. Grunge

%

l. Other Type of Events

i. Special Community Events - please give details

%

ii. Sporting Events - please give details

%

iii. Other - please give details

%

m. In addition to the above, provide a copy of the current schedule and a copy of the previous years schedule.

☐ Check if attached

3.5 Do you require entertainers to provide Certificates of Insurance listing the promoter as an Additional Insured?

☐ Yes ☐ No

3.6 Do any events have four or more hours of "actual music"?

☐ Yes ☐ No

Do any events have three or more acts performing at the same concert?

☐ Yes ☐ No

Is there any overnight camping directly related to any of the concerts?

☐ Yes ☐ No

If yes to any of the above items please provide a complete explanation:

3.7 Attach a list of venues where you promote along with last years schedule and this years itinerary. In regards to outdoor venues, describe event site, outdoor fencing and seating. Attach a diagram of the typical setup at the different sites.

☐ Check if attached

3.8 Any venues owned by the promoter?

☐ Yes ☐ No

If yes, additional; information might be requested.

3.9 If liquor will be sold at any of the concerts additional information will be needed.

*\*Please Fill out Liquor Liability Application*

3.10 Advise who is responsible for the following:

Activity	Promoter	Venue Owner	Sub-Contracted	Certificate Provided
Security	<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"/>
Liquor	<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"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ticket Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ushers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there a procedure in effect for obtaining Certificates of Insurance when the Promoter is not responsible for any of the above?

☐ Yes ☐ No

3.11 Do you agree to assume the sole negligence for the entertainers while they perform?  
If no, is there a mutual Hold Harmless provision?

☐ Yes ☐ No  
☐ Yes ☐ No

## SECTION 4: LIMITS OF LIABILITY REQUIRED

### 4.1 Commercial General Liability

Each Occurrence Limit	\$ _____
Products - Completed Operations Aggregate Limit	\$ _____
Personal Injury Limit	\$ _____
Tenants Legal Liability Limit	\$ _____
Medical Expense Limit - Per Occurrence/Per Person	\$ _____
Non-Owned Automobile Limit	
- Liability	\$ _____
- Physical Damage	\$ _____
Employee Benefits Limit	\$ _____
Employers Liability Limit	\$ _____
Advertising Injury Limit	\$ _____
Other: _____	\$ _____

### 4.2 Operations

Please describe fully and break down the types of operations and work performed by the applicant:

A. Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. If the Insured has food and/or beverage sales, please indicate receipts:

Annual Receipts for: Food: \$ \_\_\_\_\_ \*Alcohol \$ \_\_\_\_\_

\* If receipts indicate liquor sales please fill out Liquor Liability Application

C. Does the Insured have any discontinued operations?

☐ Yes ☐ No

If yes, please state details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has Applicant been in business? \_\_\_\_\_

### 4.3 Products

A. Estimated annual sales/receipts for each product manufactured (present and past), sold, handled or distributed by the Applicant:

Total Sales: \$ \_\_\_\_\_ Canada: \$ \_\_\_\_\_ USA & Other: \$ \_\_\_\_\_

B. Does the Insured sell any products, or carry out any operations in the United States?

☐ Yes ☐ No

If yes, please provide full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4.4 Contractual Liability

A. Does the Insured sign any contracts where they assume the Liability of others or waive Subrogation Rights?

☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If the Insured subcontracts out work to independent contractors or rents or leases premises to others, do they always use a single, standard contract?

☐ Yes ☐ No

If yes, does the contract contain "hold harmless", "waiver of subrogation" and "agreement to defend and indemnify" provisions in favour of the Insured?

☐ Yes ☐ No

If no, please advise procedures followed and details of contracts used:

\_\_\_\_\_  
\_\_\_\_\_

C. If the Insured subcontracts out work to independent contractors or rents or leases premises to other including concessionaires, do they require that the other contracting party provide to the Insured a Certificate of Standard CGL Insurance showing the Insured added as an Additional Insured with provision for 30 days notice of cancellation to the Insured?

☐ Yes ☐ No

If the Contracting Party is dispersing alcohol either on behalf of the Insured, or on the premises of the Insured, does the Certificate of Standard CGL Insurance state that the CGL provides coverage for Liquor Liability?

☐ Yes ☐ No

D. If the Insured's business involves sports and/or entertainment participants, are waivers obtained from ALL participants or their Legal Guardians?

☐ Yes ☐ No

**If yes, in whole or part, please attach a copy of the waiver.**

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4.5 Protective Liability

Does the Applicant let or sublet any work to independent contractors (e.g. security, concessionaires, janitorial, premises maintenance, etc.)?

☐ Yes ☐ No

If yes, what is the annual cost of work? LET \$ \_\_\_\_\_  
SUBLET \$ \_\_\_\_\_

Please describe the types of work let or sublet: \_\_\_\_\_  
\_\_\_\_\_

#### 4.6 Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.7 **Workers Compensation**

Are all employees and contractors including students and volunteers covered by Workers Compensation? ☐ Yes ☐ No

If no, in whole or part, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.8 **Aircraft & Watercraft**

Does the Applicant own, lease or operate any aircraft and/or watercraft? ☐ Yes ☐ No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.9 **Non-Owned Automobile**

A. Do any partners, officers, employees or volunteers operate their own vehicles during the course of business, on behalf of the Insured? ☐ Yes ☐ No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the Insured rent or lease vehicles from others? ☐ Yes ☐ No

If yes, (i) How often per year? \_\_\_\_\_

(ii) Are any of these vehicles driven in the United States? ☐ Yes ☐ No

C. Does the Insured contract services from others? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Does the Insured contract services from others for the purpose of operating  
Vehicles to perform maintenance, service, haulage or snow removal operations? ☐ Yes ☐ No

4.10 Please give details of all liability insurance carried by the Insured during the past five years:

Type of Policy	Policy Number	Company	Expiry Date	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

4.11 Please provide details of all claims against the Applicant during the past five years. Claims are required to be on Insurer Loss Reports. (Please use additional sheet if necessary.):

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4.12 Please provide deductible or self-insured retention amounts for each year noted in previous question.

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Do these paid, expensed, or outstanding amounts in the Insurer Loss Reports reflect  
Any deductible provision(s) contained in existing or previous insurance policies?

☐ Yes ☐ No

4.13 Please attach a copy of the Insured's most recent audited financial statement.

## SECTION 5: CLAIMS INFORMATION

5.1 Does the Insured have a formal loss-control program?

☐ Yes ☐ No

If yes, please provide details:

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5.2 Does the Insured have a formal employee safety-training program?

☐ Yes ☐ No

If yes, please provide details:

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5.3 Does the Insured have a formal premises snow/ice clearance procedure?

☐ Yes ☐ No

If yes, please provide details:

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5.4 Does the Insured have a formal equipment or premises maintenance procedure?

☐ Yes ☐ No

If yes, please provide details including documentation procedures and qualifications of maintenance personnel:

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## SECTION 6: DECLARATIONS

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazard known to exist at the date of this application.

I/We declare that statements made herein are in every respect true and correct and hereby apply for contract insurance to be based upon the truth of said statements.

Signed: \_\_\_\_\_ Full Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_