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Event Promotion & Management Application

Please ensure that the following documents have been COMPLETED in FULL and SIGNED where required:

Signature Live! Event Promotion Application Form



Please email the completed application package to Signature Risk Partners at:

applications@signaturerisk.com

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General Information			
Name of Insured:			
Mailing Address:			
Name of Event(s):			
Contact:	Applicant is: Event Promoter Event Organizer		
Website:	Business Tel.:		
Performer Name:	Venue Name(s):		
1. Date of Coverage:	Target Premium: \$	i	
2. Current Insurance Company:	Ded	luctible: \$	
3. Have there been any Claims or Losses in the last 5 years	? (if Yes, include Loss Ru	n) 🗆 Yes	🗆 No
4. Has any form of insurance ever been cancelled or decline	d? (if Yes, provide details) 🗆 Yes	🗆 No
Coverage Limits (Statement of Values Required)			
 Requested Liability Limit: \$ Requested Equipment Limit: \$ 			
Event(s) Information			
1. Event Location is?		·	
Approximate Number of Performances:			
 Bestimated Average Attendance at Each Performance: Please describe your responsibilities at each Event: 			
 5. Venue Security is Provided by: Venue Managemer 6. Do you manage or control the following?: Staging & I Concession Food Servi 	-ighting ns	ty	
7. Is Alcohol served or sold at any show ☐ Yes ☐ No			
If Yes, please complete the Supplemental Liquor Lia	bility Application Form.		
8. Will there be any Pyrotechnics or Fireworks at any planne	d Performance?: 🛛 Yes	🗆 No	
If Yes, please complete the Supplemental Pyrotechr	nic Liability Application Fo	rm.	
9. Are you entering any Contracts with Third Parties/Vendors	s? □ Yes	□ No	
If Yes, please attach copies of all Agreements.			
10 . Type of Seating at Venue (check all that apply):	□ Reserved □ Ger	neral Admission	Festival

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Schedule of Performances

Venue Name	Location	Capacity	Indoor/ Outdoor	Number of Shows
	Venue Name	Venue NameLocation	Venue NameLocationCapacityImage: Constraint of the second seco	Venue NameLocationCapacityIndoor/ OutdoorImage: Second S

Certificates of Insurance (COI) Request

Please list all Organizations that will require a COI from you:

	Organization Name	Address	Relationship
1			
2			
3			
4			

Declarations

I/We declare that:

- 1. The information in this application is true and correct and I/we have not withheld any relevant information.
- 2. I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
- 3. All Submitted Application Forms become part of the Insurance Policy and is the basis of Coverage provided.
- 4. If any of the questions have been answered fraudulently or with the intent to conceal or misrepresent any material fact or circumstance concerning this Application for insurance, the entire Policy shall be void.

Signature of Applicant:	Date:	