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 K&K Insurance Brokers, Inc. Canada

CONCERT PROMOTERS APPLICATION

1. Policy period required from: _____ to _____
(Year) (Year)

INSURED

2. Named Insured as it is to appear on policy: _____

3. What is the Insured? Corporation Partnership Joint Venture
 Individual Other _____

4. Mailing Address: _____
(Number) (Street) (City) (Prov.) (Postal Code)

5. Nature of business/description of operations/events: _____

6. Estimated Number of Events: _____

BROKER

7. Name of Agent/Brokerage: _____

8. Contact Person: _____

9. Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: (_____) _____ Fax Number: (_____) _____

E-mail Address: _____

GENERAL INFORMATION

10. Name and title of all Principal Officers, Individuals, Partners:

Name	Title
_____	_____
_____	_____
_____	_____

11. Prior Experience and Employer (please be as descriptive as possible) : _____

12. Does promoter ever promote a particular group or entertainer nationally? Yes No
 Does promoter ever promote a particular group or entertainer Internationally? Yes No

13. 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

14. Do you require entertainers to provide Certificates of Insurance listing the promoter as an Additional Insured ? Yes No

15. 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: _____

16. 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.

17. Any venues owned by the promoter? Yes No

If yes, additional; information might be requested.

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

**Please Fill out Liquor Liability Application*

19. Advise who is responsible for the following:

<u>Activity</u>	<u>Promoter</u>	<u>Venue Owner</u>	<u>Sub-Contracted</u>	<u>Certificate Provided</u>
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

20. Do you agree to assume the sole negligence for the entertainers while they perform?

Yes No

If no, is there a mutual Hold Harmless provision?

Yes No

21. Limits of Liability required:
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: _____	\$ _____

22. Operations:

a) Please describe fully and break down the types of operations and work performed by the Applicant:

Operations	Estimated Annual Attendance	Estimated Gross Receipts for the Coming Year

b) If the Insured has food and/or beverage sales, please indicate receipts:

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: _____

23. How long has Applicant been in business? _____

24. Products:

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

Total Sales: \$ _____ CAN: \$ _____ 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: _____

25. 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 no, in whole or part, please explain: _____

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

26. Protective Liability

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

If yes, what is the annual cost of work let? \$ _____ Sublet? \$ _____

Please describe the types of work let or sublet: _____

27. Professional Liability - Staff Employees and Contractors

Please list number of employees and duties: _____

28. Workers Compensation

Are all employees and contractors including students and volunteers covered by Workers Compensation?

Yes

No

If no, please explain: _____

29. Aircraft & Watercraft

Does the Applicant own, lease or operate any aircraft and/or watercraft?

If yes, please give details: _____

30. 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? _____ (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

31. 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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

32. 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.)

33. Please provide deductible or self-insured retention amounts for each year noted in question 32.

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

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

35. Does the Insured have a formal loss-control program? Yes No

If yes, please provide details: _____

36. Does the Insured have a formal employee safety-training program? Yes No

If yes, please provide details: _____

37. Does the Insured have a formal premises snow/ice clearance procedure? Yes No

If yes, please provide details: _____

38. 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: _____

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.

Name (Print)

Signature

Date

Agent/Broker: _____