



*Take***1**

INSURANCE

A DIVISION OF
INNOVATION GROWTH
PARTNERS SPECIALTY, LLC

APPLICATION

For Concert Promoters

MANAGED BY:

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Concert Promoters Supplemental Application

In addition to this application, please also supply:

- 5 year insurance company loss reports (currently valued)
- Copy of your current client list
- Schedule of events; listing of your confirmed, upcoming concerts
- Copy of the waiver/release forms mosh-pit participants are asked to sign
- Copy of your most recent audited financial report (if available)

Applicants Name:	
Street Address:	Phone:
City, State, Zip Code	Fax:
Email:	
Website:	
Applicant is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe):	

Number of years under current name: _____

Is your current carrier offering renewal: YES NO

Has your insurance ever been cancelled or non-renewed? YES NO

If yes, please explain:

Name and titles of all owners and officers (please attach biographies if available)

Name

Title

Name

Title

Name Title

Estimated Admissions per year: _____

Total annual revenues: _____

Revenues from talent management or bookings: \$_____ (total)

Revenues from other entities or partnerships:\$_____ (total)

No. of Co-promoted events: _____

PLEASE INDICATE (BY %) THE TYPE OF MUSIC YOU PROMOTE:

____ Alternative	_____ Heavy Metal	_____ Rock, Soft
____ Bluegrass	_____ Jazz	_____ Rock, Pop
____ Big Band	_____ New Age	_____ Rock, Hard
____ Classical	_____ Punk	_____ Rock, Christian
____ Country	_____ Traditional R&B	_____ Rock, Classic
____ Easy Listening	_____ Rap/Urban R&B	_____ Rock, Oldies
____ Folk	_____ Latin	_____ Electronica/Dance
____ Business	_____ Festivals	_____ Other: _____

PLEASE INDICATE BY % OF TIME YOU BOOK THE FOLLOWING VENUE TYPES:

____ Small Clubs (less than 1000)	_____ Indoor Venue (under 5,000)
____ Clubs (1,000 - 5,000)	_____ Arenas (5,000 - 10,000)
____ Grandstands	_____ Arenas (10,000 - 25,000)
____ Stadiums (up to 10,000)	_____ Arenas (over 25,000)
____ Stadiums (10,000 - 25,000)	_____ Open-air amphitheaters
____ Stadiums (over 25,000)	_____ Outdoor field or area, no seats
____ Outdoor & Overnight events with camping	

Do you promote a single act? YES NO

Do you own any venues: YES NO If yes, please describe:

Do you sell alcohol at any events, or receive monies from any vendors: YES NO

If yes, please describe: _____

Please indicate with an "X" the following activities you are usually take responsibility for:

- | | |
|--------------------------|-------------------------|
| ____ Unarmed Security | ____ Armed Security |
| ____ Stage-back security | ____ Merchandise Sales |
| ____ Concession Sales | ____ Alcohol Sales |
| ____ Parking | ____ Janitorial |
| ____ Medical Staffing | ____ Staging |
| ____ Lights/Rigging | ____ Sound/Rigging |
| ____ Generators | ____ Special Effects |
| ____ Pyrotechnics | ____ Ticket Sales |
| ____ Ushers | ____ VIP Transportation |

Do you require proof of insurance from the acts you book? YES NO

Do you require to be listed as an additional insured? YES NO

Please indicate the precautions and contingencies you put in place for mosh pits:

- | | |
|--|--|
| ____ Specified Mosh Pit area | ____ Security present at pit site |
| ____ Restricted entry to pit | ____ Waiver/Release from participants* |
| ____ Explanation of rules | ____ Video Surveillance |
| ____ Expulsion for body-surfing or and/or slam dancing | |

Do you ever assume by contract, the liability of other parties? YES NO

If yes, please explain: _____

Are all events inspected and made sure to be in compliance with city, state and count safety rules and fire codes?

YES NO

If No, please explain: _____

Are all the vendors or trade booths required to provide certificates of insurance, naming the organizer as additional insured?

YES NO

If no, please explain: _____

Note: If there are multiple events and the schedule is known today, please supply a schedule of events by using as many pages as necessary to provide the insurance company with complete information.

I UNDERSTAND THAT THE INSURANCE COMPANY IN DETERMINING WHETHER TO PROVIDE A QUOTATION FOR INSURANCE COVERAGE WILL RELY ON THE INFORMATION CONTAINED IN THE APPLICATION AND ALL OTHER INFORMATION BEING SUBMITTED. I HEREBY WARRANT, REPRESENT AND CONFIRM THAT, TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND CORRECT.

APPLICANT SIGNATURE: _____

DATE: _____

BROKER SIGNATURE: _____

DATE: _____