



**PLEASE BE SURE TO COMPLETE AND RETURN THIS APPLICATION ALONG WITH A COPY OF ANY INSURANCE REQUIREMENTS THAT NEED TO BE SATISFIED**

**APPLICANT/COMPANY NAME** \_\_\_\_\_

### CONTACT INFORMATION

**CONTACT NAME** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

### EVENT INFORMATION

**NAME OF EVENT** \_\_\_\_\_ **EVENT WEBSITE** \_\_\_\_\_

**DETAILED EVENT DESCRIPTION**

\_\_\_\_\_

**NOTE:** IF CONCERT OR EVENT WITH LIVE PERFORMERS, PLEASE PROVIDE:

**GENRE OF MUSIC** \_\_\_\_\_

**WILL THERE BE ANY LIVE HIP HOP PERFORMANCES?**  YES  NO

**NAMES OF ALL ARTISTS PERFORMING**

\_\_\_\_\_

**START DATE(S) AND START TIME OF YOUR EVENT** *(including set up)*

\_\_\_\_\_

**END DATE(S) AND END TIME OF YOUR EVENT** *(including tear down)*

\_\_\_\_\_

IF THE COVERAGE START DATE IS MORE THAN 5 DAYS BEFORE THE EVENT START DATE OR THE COVERAGE END DATE IS MORE THAN 5 DAYS AFTER THE EVENT END DATE, **PLEASE EXPLAIN**

\_\_\_\_\_

### LOCATION OF EVENT

**VENUE NAME** \_\_\_\_\_

**VENUE ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TYPE OF ENTITY OF YOUR COMPANY** *(Please check one)*

INDIVIDUAL  CORPORATION  PARTNERSHIP  JOINT VENTURE  NON-PROFIT  CHURCH  OTHER \_\_\_\_\_

**DOES THE FACILITY CARRY LIABILITY INSURANCE?**  YES  NO

**WHAT IS THE ESTIMATED SPECTATORS PER DAY?** \_\_\_\_\_

**WHAT IS THE ACTUAL NUMBER OF EVENT DAYS?** *(excluding set up and tear down)* \_\_\_\_\_

**WHAT IS THE ESTIMATED GROSS RECEIPTS?** \_\_\_\_\_

**WHAT IS THE GROSS REVENUE?** \_\_\_\_\_

### ADDITIONAL INSURED

**ALL ADDITIONAL INSURED TO BE ADDED TO THE POLICY** *(Those requesting to be added to your policy such as a landlord or vendor)*

**1 NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**2 NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WILL THE EVENT BE INDOORS OR OUTDOORS?**

INDOORS

OUTDOORS

*IF OUTDOORS, will the area be fenced or enclosed?*

YES  NO

**ARE YOU RESPONSIBLE FOR PARKING?**

YES  NO

*IF YES, what is the square footage of parking area?*

YES  NO

**WILL THERE BE ANY DEMONSTRATIONS OR EXHIBITIONS?**

*IF YES, please describe*

**ARE SEATS OF TEMPORARY OR PERMANENT CONSTRUCTION?**

TEMPORARY

PERMANENT

**DESCRIBE TYPE OF SEATING PROVIDED** (bleachers, folding chairs, etc)

**FOR OUTDOOR EVENTS, DOES THE EVENT END NINETY MINUTES PRIOR TO SUNDOWN?**

YES  NO

*IF NO, is there permanent lighting over all spectator areas and parking lots?*

YES  NO

**IF A STAGE IS INVOLVED, IS THE STAGE OF TEMPORARY OR PERMANENT CONSTRUCTION?**

TEMPORARY

PERMANENT

*IF TEMPORARY, who is responsible for setting up the stage?*

*IF OTHER THAN THE APPLICANT, is a certificate of insurance provided?*

YES  NO

*IF OTHER THAN THE APPLICANT, is applicant named as additional insured?*

YES  NO

**IS TEMPORARY LIGHTING INVOLVED?**

YES  NO

*IF YES, who is responsible for hood up of lighting?*

*IF OTHER THAN APPLICANT, is a certificate of insurance provided?*

YES  NO

*IF OTHER THAN APPLICANT, is Applicant Named as Additional Insured?*

YES  NO

**IS A TENT INVOLVED?**

YES  NO

*IF YES, who is responsible for the set up of the tent?*

*IF OTHER THAN APPLICANT, is a certificate of insurance provided?*

YES  NO

*IF OTHER THAN APPLICANT, is applicant named as additional insured?*

YES  NO

**WILL USHERS BE USED FOR SEATING PURPOSES?**

YES  NO

*IF YES, Who is providing the ushers?*

*IF OTHER THAN APPLICANT, is a certificate of insurance provided?*

YES  NO

*IF OTHER THAN APPLICANT, is applicant named as additional insured?*

YES  NO

*Is seating assigned?*

YES  NO

**WHAT IS THE NUMBER OF VENDORS OR TRADE BOOTHS?**

**ARE VENDORS OR TRADE BOOTHS REQUIRED TO PROVIDE PROOF OF INSURANCE?**

YES  NO

**WHO IS PROVIDING THE FOOD AND/OR DRINK?**

*IF OTHER THAN APPLICANT, is a certificate of insurance provided?*

YES  NO

*IF OTHER THAN APPLICANT, is applicant named as additional insured?*

YES  NO

**WILL YOUR COMPANY BE SELLING LIQUOR AT THIS EVENT?**

YES  NO  
 YES  NO

**IF YES,** Does the Applicant have a valid liquor license?

What is the estimated liquor sales of this event? (total)

**IF NO,** will you be hiring a vendor to sell liquor as this event?

YES  NO  
 YES  NO

Will the vendor have liquor liability and name your company as an additional insured?

What is the average age of attendees?

What measures are in place to prevent the service of alcohol to minor and/or intoxicated persons?

**IS THE APPLICANT PROVIDING OVERNIGHT ACCOMMODATIONS?** (i.e. camping)

YES  NO

**IF YES,** Please Describe

**WHO IS RESPONSIBLE FOR PROVIDING SECURITY?**

**IF OTHER THAN THE APPLICANT,** is a certificate of insurance provided?

YES  NO  
 YES  NO

**IF OTHER THAN APPLICANT,** is applicant named as additional insured?

**IS THE SECURITY PROVIDED ARMED OR UNARMED?**

ARMED  UNARMED

**IF THE EVENT IS BEING HELD ON A STREET OR OTHER PUBLIC PLACE OF VEHICULAR ACCESS, WHAT PROTECTION IS BEING USED BETWEEN THE STREET AND THE SIDEWALK?**

**ARE FIREWORKS OR PYROTECHNICS TO BE USED?**

YES  NO

**IF YES,** Please Describe

**HAS THIS EVENT BEEN HELD IN THE PAST BY THE APPLICANT?**

YES  NO

**IF YES,** For how many years?

**HAS YOUR PRIOR INSURANCE EVER BEEN CANCELLED?**

YES  NO

**HAS YOUR PRIOR INSURANCE EVER REFUSED TO RENEW?**

YES  NO

**PLEASE DESCRIBE ANY LOSSES OVER \$5,000 FOR THE PAST 5 YEARS**

**DOES THE APPLICANT HIRE ANY SUBCONTRACTORS FOR THESE INSURED EVENT(S)?**

YES  NO

DO THESE SUBCONTRACTORS CARRY THEIR OWN INSURANCE NAMING YOU AS ADDITIONAL INSURED?

YES  NO

WILL THERE BE TEMPORARY STRUCTURES INSTALLED/BUILT FOR YOUR EVENT?

YES  NO

**IF YES,** Please Describe

Who is responsible for installing the temporary structures?

### DESIRED INSURANCE COVERAGE

#### GENERAL LIABILITY

| SELECT YES OR NO   | COVERAGE  | LIMIT  |
|--|---|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | EVENT LIABILITY                                     | <input type="checkbox"/> \$1,000,000 / \$1,000,000<br><input type="checkbox"/> \$1,000,000 / \$2,000,000 |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | CITY/SPECIAL CERTIFICATES (I.E. FILM PERMIT OFFICE) |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | WAIVER OF SUBROGATION                               |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | PRIMARY AND NON-CONTRIBUTORY                        |  |

#### AUTO LIABILITY

**PLEASE NOTE:** NON-OWNED & HIRED AUTO PHYSICAL DAMAGE IS EXCLUDED

| SELECT YES OR NO   | COVERAGE                         | LIMIT |
|--|----------------------------------|-------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | NON-OWNED & HIRED AUTO LIABILITY |       |

#### EVENT & PRODUCTION EQUIPMENT

**PLEASE NOTE:** DOES NOT COVER ANY AUTO PHYSICAL DAMAGE

| SELECT YES OR NO   | COVERAGE         | LIMIT                     |
|--|------------------|---------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | RENTED EQUIPMENT | \$ <input type="text"/> * |

WHAT DAY ARE YOU PICKING UP YOUR EQUIPMENT?

MO / DAY / YR

WHAT DAY ARE YOU RETURNING YOUR EQUIPMENT?

MO / DAY / YR

CURRENTLY THE POLICY EXCLUDE THEFT FROM AN UNLOCKED VEHICLE. DO YOU WISH TO ADD THIS BACK FOR 10% OF THE PREMIUM?

YES  NO

**\*NOTE:** LIMITS FOR RENTED EQUIPMENT SHOULD BE THE TOTAL REPLACEMENT COST VALUE OF ALL EQUIPMENT AND/OR PROPS RENTED AT ANY ONE TIME.

#### ACCIDENT MEDICAL COVERAGE

**PLEASE NOTE:** THIS IS NOT WORKERS COMPENSATION COVERAGE. IT REIMBURSES FOR MEDICAL EXPENSES SUSTAINED TO CAST OR CREW WHILE PARTICIPATING IN THE FILMING OPERATIONS, EXCESS OF ANY EXISTING HEALTH INSURANCE AVAILABLE

| SELECT YES OR NO   | COVERAGE         | LIMIT   |
|--|------------------|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | ACCIDENT MEDICAL | <input type="checkbox"/> \$10,000 PER PERSON <input type="checkbox"/> \$50,000 PER PERSON<br><input type="checkbox"/> \$25,000 PER PERSON <input type="checkbox"/> \$100,000 PER PERSON |

NUMBER OF CAST MEMBERS \_\_\_\_\_

NUMBER OF CREW MEMBERS \_\_\_\_\_

ARE ANY ABOVE MEMBERS CURRENTLY COVERED BY WORKERS COMPENSATION?

YES  NO

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PROVIDES FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COVERAGE IS NOT APPLICABLE UNTIL ACCEPTED BY ATHOS INSURANCE SERVICES.

SIGNATURE OF

APPLICANT \_\_\_\_\_

DATE MO / DAY / YR \_\_\_\_\_