

ENTERTAINMENT VENUES APPLICATION

SUBMISSION REQUIREMENTS:

- Completed ACORD Application for all submitted lines
- 5 Years Currently Valued Loss Runs for all submitted lines
- Facility Diagram
- Copy of Waivers and Releases
- Copy of Safety Program
- Standard Performer Contract
- Standard Vendor/Subcontractor Contract
- Facility Lease Agreement (if building rented/leased)

GENERAL INFORMATION

Full Named Insured:							
Mailing Address:			City:		State:		Zip:
Physical Address:			City:		State:		Zip:
Entity Type:		<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	
Email:				Phone:			
Year Established:				In business under current management since:			
Is operation part of a franchise?*					<input type="checkbox"/> Yes <input type="checkbox"/> No		
*If yes, what is the franchise name?							
Facility is:					<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
Is a safety manager on premises at all times the facility is open?					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the Applicant have a formal safety training program for employees in place?					<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPOSURE INFORMATION

<i>Provide estimated receipts:</i>		
	Upcoming Year	Prior Year
Ticket/Admission Receipts	\$	\$
Liquor Receipts	\$	\$
Food/Beverage Receipts (excl Liquor)	\$	\$
Parking Receipts	\$	\$
Other Receipts*:	\$	\$
Total Gross Receipts	\$	\$
<i>*If Other Receipts, describe:</i>		

<i>Provide estimated count:</i>				
	Upcoming Year		Prior Year	
Annual Admissions				
Performances				
Venue is: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Venue Capacity:		<i>persons</i>	
Operating Season: to				

FACILITY INFORMATION

Any storage, treating, discharging, applying, disposing, or transporting hazardous materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any operations sold, acquired, or discontinued in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any structural alterations or demolitions contemplated?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If so, please advise:</i>	
Machinery, equipment, or attractions rented to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any watercraft docks (not bumper boats), floats on premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swimming pool on premises?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Advise who is responsible for the following:

	Applicant	Facility Owner	Subcontractor	N/A
Building Maintenance	<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"/>
Facility Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatables/Amusements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise/Gift Shop	<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"/>
Pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staging/Equipment/Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer the following with regards to contracts and certificates of insurance with subcontractors and vendors:

	Applicant	Sub/Tenant	Mutual	N/A
a. Hold Harmless/Indemnification wording is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Additional Insured status is in favor of:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. COI showing at least \$1M liability limit required by:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE SAFETY

Is there cooking on premises? <i>*If yes, answer the following questions.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the cooking area, hood and duct system protected by a fire extinguishing system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a written agreement in place for grease removal, hood, duct, and filter cleaning with an outside company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is the hood and duct serviced? <input type="checkbox"/> Annually <input type="checkbox"/> Every 6 months <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (explain): Date Last Serviced:	
Indicate any Fire Protection in place: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinklered Facility <input type="checkbox"/> Alarm-Central Station <input type="checkbox"/> Alarm-Local	
Central station burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Closed-circuit surveillance cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any medical facilities provided?*	
<i>*If yes, who provides?</i> <input type="checkbox"/> City Paramedics <input type="checkbox"/> Venue Staff <input type="checkbox"/> Contracted Service	
Does Applicant have at least one (1) Automated External Defibrillator?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are staff members trained to use it?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Applicant have backup emergency lighting and/or emergency generators in the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation/egress plan arranged with civil authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have an emergency evacuation plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation procedures and floor plans posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exits clearly marked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are parking lots well-lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Outdoor Venue: Weather monitoring system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there fencing around the perimeter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECURITY

If Applicant uses security, complete the following section.

Is there a written training/safety manual in place?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*If yes, are all individuals who work in a security capacity required to provide written acknowledgment of the manual's policies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is responsible for security? <input type="checkbox"/> Employees <input type="checkbox"/> Contracted Service/3 rd Party Security Company <input type="checkbox"/> Police	
If Applicant uses <u>Employed Security</u> , advise training and/or licensing requirements: Does Applicant perform background checks on all employed security? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please advise:</i>	

If Applicant uses Contracted Service/Security Company, what limit of liability does the Applicant require? \$
 Is the Security Company required to name Applicant as an AI and provide COI? Yes No
 Does the security contract require the Security Company to hold Applicant harmless? Yes No

Are Security Armed? Yes No
**If yes, does Applicant and/or third party perform background checks on all armed security?* Yes No

Indicate any other equipment carried or routinely available to security personnel:
 Dogs Flashlights Handcuffs Nightstick Taser/Phaser Other (explain):

Advise maximum security-to-patron ratio: 1 security to _____ patrons

Advise when and for what purposes security is used (ex: 24/7, during all operating hours, weekends, etc.):

OPERATIONS

Is there a dance floor? Yes No

Does Applicant require entertainers to provide evidence of insurance? Yes No
**Does Applicant require to be listed as an AI?* Yes No

Does Applicant agree to hold harmless the entertainers while performing? Yes No

Does Applicant co-promote any shows? Yes No
**If yes, is there a written contract in place?* Yes No
**Does Applicant receive a COI including AI status evidencing at least \$1M of liability coverage?* Yes No

Type of seating:
 Reserved Seats General Admission
 Permanent Temporary*
**If temporary seating is used, is seating inspected prior to each event?* Yes No

Seating Capacity: _____

Type of concerts/shows normally promoted at venue:

<u>Concerts</u>		<u>Events & Other Performances</u>	
<input type="checkbox"/> Alternative/Indie Rock/Christian	%	<input type="checkbox"/> Children's Shows	%
<input type="checkbox"/> Classical/Easy Listening	%	<input type="checkbox"/> Comedy	%
<input type="checkbox"/> Country/Folk	%	<input type="checkbox"/> Conferences	%
<input type="checkbox"/> Electronic/DJ	%	<input type="checkbox"/> Conventions	%
<input type="checkbox"/> Heavy Metal/Punk	%	<input type="checkbox"/> Magician	%
<input type="checkbox"/> Jazz/Reggae	%	<input type="checkbox"/> Sports/Competitions	%
<input type="checkbox"/> Latin	%	<input type="checkbox"/> Theatrical Performances	%
<input type="checkbox"/> Pop/Top 40	%	<input type="checkbox"/> Other (describe):	%
<input type="checkbox"/> Rock & Roll	%		
<input type="checkbox"/> R&B	%		

Do any events require Waivers and Releases? Yes No
**If yes, provide a copy of the waiver and advise the types of activities/events that require a waiver.*

ABUSE OR MOLESTATION

If Abuse or Molestation coverage is requested, please complete the following section.

Does Applicant have custodial responsibility of minors?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant conduct any overnight operations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Identify the following hiring practices in place:</i>		
Employment applications required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Reference Checks required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Criminal & Sexual Offender records checked for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
In-Person Interview required for:	<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteers
Do any current staff or volunteers have any prior abuse or sexual convictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant have a formal, written Abuse Prevention Program in place?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, provide a copy.		
*If yes, does it include a supervision plan to monitor staff in day-to-day relationships with patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has Applicant ever had an incident which resulted in an allegation of sexual abuse or molestation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

COMMERCIAL AUTO/HIRED & NON-OWNED AUTO

If Commercial Auto and/or Hired & Non-Owned Auto (HNOA) coverage is requested, please complete the following section.

Does Applicant have any owned vehicles?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Applicant allow employees to use their own personal vehicles for business purposes?*		<input type="checkbox"/> Yes <input type="checkbox"/> No
* If yes, how many?		
* If yes, how often?		
Does Applicant confirm all employees driving on its behalf carry at least state minimum personal auto liability limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does Applicant rent/lease vehicles to others?*		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*If Yes, provide a List of Vehicles rented and a copy of the rental contract used.		
If HNOA is requested, please provide the following:		
Annual Cost of Hire: \$	Confirm Driver MVRs are screened: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

LOSS INFORMATION

Please explain any losses over \$25,000 (use an additional sheet if necessary).

1.
2.
3.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

I further acknowledge that I understand that this information is provided in conjunction with and in addition to the ACORD application(s) referenced above and that the information contained herein is subject to the same notices, disclaimers, warranties, and representations as on the referenced application(s).

Signature of Insured

Title

Click or tap to enter a date.

Date