



Co-Promotion Application

Indemnity Insurance Corporation
950 Ridgebrook Rd, Suite 1500
Sparks, MD 21152
Phone: 410-472-6000
Fax: 410-472-6020
www.IICDC.com

Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Contact Phone:		
Address 2:			Contact Fax:		
Address 3:			Contact Email:		
City:	St:	Zip:	Date Faxed:		
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					
Date of Event(s):					

Applicant Contact Information

Your Contact Name:			Address 1:		
Contact Phone:			Address 2:		
Contact Fax:			Address 3:		
Contact Email:			City:	St:	Zip:

Co-Promoter Information

Corporate Name:			Trading Name:		
Address 1:			Co-Pro Contact Name:		
Address 2:			Contact Phone:		
Address 3:			Contact Fax:		
City:	St:	Zip:	Contact Email:		

Event Information

Event Info (Please specify event name, location, band name if applicable):

Does Co-Pro participate in the financial risk of the show?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Co-Pro participate in contracting with venues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Co-Pro participate in contracting with artist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Co-Pro participate in contracting with any production or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Co-Pro participate in negotiating talent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does Co-Pro participate in negotiating and/or purchasing advertising?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Co-Pro acting as local liason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTICE: If insurance coverage is ultimately provided, any misrepresentation or fraudulent information may void coverage and defense may be denied for claims presented against you and the Co-Promoter.

Insured Signature:	Date:
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