



# Co-Promotion Application

**Indemnity Insurance Corp of DC**  
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: