

Promoter's Application

Page 1 of 3

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:		Phone:		
Address 2:		Fax:		
Address 3:		Email:		
City:	St:	Zip:	Inception Year:	Tax ID:
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other				

Contact Information

Business Manager

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

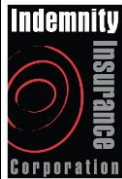
Accountant

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

Security Information

Security Is:	<input type="checkbox"/> Employees(# Armed)___	<input type="checkbox"/> Private Agency(# Armed)___	<input type="checkbox"/> On-duty Police	<input type="checkbox"/> Off-duty Police
If Private Agency, are certificates requested listing applicant as an additional insured?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are any security staff covered under Worker's Comp?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are criminal background checks performed on all security employees?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will Entertainer(s) provide for own security?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Provide a detailed description of security arrangement:



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Page 2 of 3

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Promoter Information

Number of years in business under current name:
If less than three years, list prior employers and experience:

Number of events normally being promoted: _____ Concerts _____ Bar _____ Corporate _____ Other

Estimated Annual Admissions (by Genre of Show, list types):

Do any events entail 3 or more musical acts or last 4 or more hours? Yes No

If yes, give details of these events:

Will liquor be sold by the insured? Yes No

If yes, note the estimated annual liquor receipts and provide additional details:

Will vendors be present at any events? Yes No

If yes, provide additional details:

Do you require adding any entity as an additional insured? Yes No

If yes, provide additional details:

Will any of your events during the policy period include any type of amusement or patron interactive devices? Yes No

If yes, provide additional details:

Do you commit to any hold-harmless agreements? Yes No

Do you provide talent buying services? Yes No

Do you provide corporate event planning services? Yes No

Do you provide any other services for any event where you are not the promoter? Yes No

If yes, provide additional details:

Coverage Information

Proposed Effective Date:

Proposed Expiration Date:

Coverage's Requested

Amount

H & N/O Auto

Liability

P/Loc. Agg.

Employee Benefits

Excess



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Page 3 of 3

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Prior Coverage Information (3 Year History)

Coverage's	Year	Prior Carrier	Prior Premiums
H & N/O Auto			
Liability			
Excess			

Prior Loss History (Please explain in detail):