



APPLICATION FOR: **Venue Supplemental Application**

***If multiple locations, please fill out an application for each location.**

Name of Applicant: _____ Date of Application: _____

In business under present management since: _____

If less than three (3) years in business, list previous names under which you have operated as a promoter: _____

Website: _____

Estimated Number of: Annual admissions: _____ Annual gross receipts: _____

Annual admissions last year: _____ Annual performances: _____

Name of entertainers who perform at your venue: _____

Location Type: Indoors Outdoors Both

Location Square Footage: _____ Type of Construction: _____ Year Built: _____

If build is more than twenty (20) years old, please indicate updates for the following:

Electrical: _____ Plumbing: _____ Roof: _____ HVAC: _____

If outside promoters are used or you rent your facility to others, please provide a sample contract: _____

If no outside promoters are used, please provide a sample contract used with performers: _____

GENERAL QUESTIONS

Do you require entertainers to provide evidence of insurance? Yes No

Do you agree to hold harmless the entertainers while performing? Yes No

Are you listed as an Additional Insured (AI) on their policy? Yes No

Do you co-promote any events or shows? Yes No

Do you enter into written contracts with these co-promoters? Yes No

Do you receive certificate of insurance (COI) listing you as an AI? Yes No

Do you require liability limits greater than \$1M from co-promoters? Yes No

Type of seating used: Reserved Seats: _____ General Admission: _____ Both: _____

Seating Construction: Permanent: _____ Temporary: _____

Type of concerts normally promoted at venue (please indicate by percentage the type of music you will promote):

Alternative/Indie Rock: _____ Christian: _____ R&B: _____

Country/Bluegrass/Folk: _____ Comedy: _____ Pop/Top 40: _____

Electronic/DJ: _____ Heavy Metal/Grunge/Punk: _____ Latin: _____

Children's: _____ Jazz: _____ Magician: _____

Reggae: _____ Sports/Contact: _____ Hip Hop/Rap: _____

Rock & Roll: _____ Classic Rock: _____ Other (specify: _____): _____

Classical/Easy Listening: _____ International: _____

SECURITY/LIFE SAFETY

Who is responsible for security? (Select all that apply.) Venue Contracted Service Police None
If other than you, are there signed contracts outlining roles and responsibilities? Yes No
Does the contract require that you are to be hold harmless? Yes No

Minimum liability limits required: _____

Is a COI obtained adding you as an AI? Yes No

If handled by employees, please explain any training program provided: _____

Number of daily security personnel: _____

Are weapons carried? Yes No

If weapons are carried by employees, what type of training or certification is required? _____

Are any events held outdoors? Yes No

If yes, describe fencing or protection used to prohibit entry by non-ticket holders: _____

Identify any additional security/life safety measures:

Emergency evacuation and communication plan in place? Yes No

Evacuation/egress plan arranged with civil authorities? Yes No

Weather monitoring? Yes No

Closed-circuit cameras? Yes No

Perimeter fencing (outdoor venues only)? Yes No

Social media monitoring? Yes No

Walkway/pathway lighting? Yes No

Parking area - patrolled? Yes No

Parking area - lighting? Yes No

Adequate drinking water available to attendees? Yes No

Do you have a safety program in place with respect to COVID-19, which includes social distancing, masks, etc.? Yes No

Is there an Active Shooter protocol/plan in place? Yes No

Other: _____

Fire Protection: Extinguishers Sprinklered Location Municipal Volunteer

Alarm Protection: Central Station Local Other

Are there hard-wired smoke detectors used in all public areas? Yes No

Describe First Aid facilities: _____

Who is responsible? City Paramedics Venue Staff Contracted Service

If contracted service, are COIs obtained listing you as an AI? Yes No

Are mosh pits, stage diving or body/crowd surfing allowed? Yes No

If yes, please indicate the precautions and contingencies you put into place (select all that apply):

Specified mosh pit area Security present in pit Restricted entry to pit

Video surveillance Explanation of rules Waiver/release from participants

If no, what is your practice if mosh pits, stage diving or body/crowd surfing starts at an event? _____

Are you a member of Event Safety Alliance or any other events safety association? Yes No

LIQUOR LIABILITY

Will liquor be sold at the venue? Yes No

Who is responsible for liquor sales (who holds the valid license)? _____

If a third party is used, is a COI obtained evidencing liquor liability with you added as an AI? Yes No

What limit of liquor liability does the third party carry? _____

If a third party is used, do you receive a commission on the liquor sales? Yes No

What controls are used? Wristband Other (describe: _____)

If you provide liquor, please complete Liquor Liability Supplemental Application.

ADDITIONAL EXPOSURES

Do you provide production services (i.e. lights, sound, video, etc.)? Yes No

Is there cooking on premises? Yes No

If yes, is the cooking area, hood and duct system protected by a fire extinguishing system? Yes No

Do you have a written agreement in place for grease removal, hood, duct and filter cleaning with an outside cleaning company? Yes No

How often is the hood and duct serviced? Annually Every Six Months Quarterly

RESPONSIBILITY CHART

	Applicant	Vendor	N/A	Certs provided by Vendor
Management of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security (Armed or Unarmed)	<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"/>
Concessions Annual receipts & types of concessions: _____	<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"/>
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"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amusement Devices/Rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Merchandise	<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"/>
Parking Square footage of parking area: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are not responsible, do you receive a COI listing the insured as an AI including hold harmless provisions? Yes No

Do you ever assume, by contract, the liability of other parties? Yes No

If yes, explain: _____

Has your insurance under this or any previous name ever been canceled or non-renewed? Yes No

If yes, please explain and include carrier: _____

Required attachments:

- Copy of rental agreement or venue contract
- Facility diagram
- Copies of certificates if applicant is responsible but subcontracts for security, rides, animals or pyrotechnics
- Loss Record for the last five (5) years

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