

MARKET ACCESS

50 N. BROCKWAY ST., SUITE 3-2, PALATINE, IL 60067
PHONE (847) 221-2100 FAX (847) 221-2520
Correspondents at Lloyd's, London

CONCERT APPLICATION

1. Applicant (Named Insured - to be shown on the policy) _____
Contact Name _____ Phone _____ Fax _____ E-mail _____
2. Address of the Insured _____
3. Experience _____ Any prior losses or incidents* _____
Previous Insurer _____ Has any insurance been canceled or refused coverage* _____
*Explain: _____
4. Description of this event _____
Date(s) _____ Set-up and tear-down days required (if so specify dates) _____
5. List of all entertainers who will perform ** _____

6. Venue _____ Address _____
7. Venue's capacity _____ Number of attendees expected _____
8. Will "moshing, stage diving, crowd surfing and slam dancing" be prohibited ** _____
9. Will liquor/beer/wine be sold or included in the price of admission ** _____
10. Will there be fireworks/pyrotechnics at this event ** _____
11. Describe Security Measures _____
Number of Security/EMT Personnel _____ / _____ Who contracts these individuals _____
12. Limits of Liability requested: \$1,000,000 per Occurrence/Aggregate _____
\$1,000,000 per Occurrence/\$2,000,000 Aggregate _____
13. Additional Insured(s) required (please provide a list, indicating their insurable interest) * _____

APPLICATION MUST BE SIGNED AND ALL QUESTIONS MUST BE ANSWERED

PRODUCER: _____ APPLICANT: _____ DATE: _____

* IF ADDITIONAL INFORMATION IS NEEDED FOR A MORE ACCURATE DESCRIPTION, PLEASE USE A SEPARATE SHEET OF PAPER

** **IMPORTANT NOTE** POLICY CONTAINS CERTAIN COVERAGE RESTRICTIONS AND LIMITATIONS
(PLEASE HAVE THE COMPANY REPRESENTATIVE FULLY EXPLAIN THESE EXCLUSIONS)

ALL PREMIUM IS FULLY EARNED AT BINDING