



# Promoter's Application

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**The Agency, LLC**  
 950 Ridgebrook Rd, Suite 1500  
 Sparks, MD 21152  
 Phone: 410-472-6000 Fax: 410-472-6020  
 www.TheAgencyWorld.com

## Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Phone: (    )    -    ext.		
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: (    )    -    ext.			Address 2:		
Contact Fax: (    )    -			Address 3:		
Contact Email:			City:	St:	Zip:

### *Accountant*

Contact Name:			Address 1:		
Contact Phone: (    )    -    ext.			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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## 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, give details of these events:	
Will liquor be sold by the insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, note the estimated annual liquor receipts and provide additional details:	
Will vendors be present at any events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If vendors will be present at any event, provide additional details:	
Do you require adding any entity as an additional insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, provide additional details:	
Will any of your events during the policy period include any type of amusement or patron interactive devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, provide additional details:	
Do you commit to any hold-harmless agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide talent buying services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide corporate event planning services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide any other services for any event where you are not the promoter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, provide additional details:	

## Coverage Information

Proposed Effective Date:	Proposed Expiration Date:
<i>Coverages Requested</i>	<i>Amount</i>
<input type="checkbox"/> H & N/O Auto	
<input type="checkbox"/> Liability	
<input type="checkbox"/> P/Loc. Agg.	
<input type="checkbox"/> Employee Benefits	
<input type="checkbox"/> Excess	



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### Prior Coverage Information (3 Year History)

Coverage	Year	Prior Carrier	Prior Premiums
<i>H &amp; N/O Auto</i>			
<i>Liability</i>			
<i>Excess</i>			

Prior Loss History: (Please Explain in Detail)