



entertainment

Intact Entertainment
505 North Brand Blvd, Suite
1250
Glendale, CA 91203
License No. 0773887

Los Angeles
(781) 332-8400 Fax (866) 640-
6533
New York
(212) 307-0111 Fax (212) 307-
0598

CONCERT PROMOTER SUPPLEMENTAL QUESTIONNAIRE

1. Name of Promoter / Applicant: \_\_\_\_\_

In Business under present management since: \_\_\_\_\_

2. Applicant is a: Corporation \_\_\_\_\_ Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

3. Names of Principals: \_\_\_\_\_

Experience of Principals: \_\_\_\_\_

4. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

5. Date coverage requested: \_\_\_\_\_ To: \_\_\_\_\_

6. Limits of Liability requested: \$ \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

7. Type of Concerts normally promoted: \_\_\_\_\_ Rap \_\_\_\_\_

Hard Rock \_\_\_\_\_ PopRock \_\_\_\_\_ Jazz \_\_\_\_\_ Classical \_\_\_\_\_ Other \_\_\_\_\_

Please attach a schedule from last year of all known concerts for this year.

8. Name(s) of Entertainers Applicant Promotes (attach separate sheet, if necessary): \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

9. Names of facilities (auditorium, stadium, arena, etc.), City, State and capacity (attach separate sheet if necessary): \_\_\_\_\_

10.

\_\_\_\_\_
\_\_\_\_\_

11. Estimated attendance at each concert: \_\_\_\_\_

12. Estimated Annual Admission: \_\_\_\_\_

13. Estimate Gross Receipts: \_\_\_\_\_

14. Any out door concerts promoted: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes provide location, capacity, and type of seating (festival or reserve) for each: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Security is provided by: \_\_\_\_\_

Insurance in force: Yes \_\_\_\_\_ No \_\_\_\_\_

Limits carried: \_\_\_\_\_

Applicant will \_\_\_\_\_ will not \_\_\_\_\_ Obtain a Certificate of Insurance evidencing coverage. Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe Security /Precautions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Any liquor served? Yes \_\_\_\_\_ No \_\_\_\_\_

Who has responsibility and control:

\_\_\_\_\_  
Will Applicant / Promoter obtain a Certificate of Insurance evidencing coverage?

\_\_\_\_\_

17. Describe responsibility and control over concessionaires: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ First

Aid: \_\_\_\_\_

18. Previous Insurance Company and Policy Number (s): \_\_\_\_\_

\_\_\_\_\_

19. Has any form of insurance been canceled or declined? \_\_\_\_\_

20. Previous Loss Experience (if any): \_\_\_\_\_

\_\_\_\_\_  
(Attach Hard Copy Loss Information From Prior Carrier)

21. Name and phone number of your:

Loss Control Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Accountant and Business Manager:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Audit Contact :

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

For Applicants: \_\_\_\_\_

Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_