

Film Emporium 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. Estimated attendance at each concert: _____
11. Estimated Annual Admission: _____
12. Estimate Gross Receipts: _____
13. Any out door concerts promoted: Yes _____ No _____
If yes provide location, capacity, and type of seating (festival or reserve) for each: _____

14. Security is provided by: _____
Insurance in force: Yes _____ No _____
Limits carried: _____

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

Describe Security /Precautions: _____

15. Any liquor served? Yes _____ No _____

Who has responsibility and control: _____

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

16. Describe responsibility and control over concessionaires: _____

First Aid: _____

17. Previous Insurance Company and Policy Number (s): _____

18. Has any form of insurance been canceled or declined? _____

19. Previous Loss Experience (if any): _____

(Attach Hard Copy Loss Information From Prior Carrier)

20. 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: _____

Film Emporium Concert Promoter Supplemental Questionnaire

Broker: _____
Address: _____
Tel. No.: _____
Fax No.: _____

Please mail or fax to:

Film Emporium NY: 274 Madison Avenue New York, NY 10016
212/683.2433 phone 212/683.2740 fax

Film Emporium LA: 6464 Sunset Blvd Los Angeles, CA 90028
323/464.5144 phone 323/464.7348 fax