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 outdoor 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.: ________________________________