



*Take***1**

INSURANCE

VENUE APPLICATION

MANAGED BY:

SCOTT CARROLL, DIRECTOR OF TAKE 1

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*Doing business in CA as USRisk Brokers Insurance Services of Texas
CA License #0F82757*

Facility Name: _____

Facility Age: _____

Contact Person: _____ Title: _____

Facility Location: _____ (please indicate nearest highway intersection if no address)

Phone: _____ Fax: _____ Website: _____

Effective Date: _____ Expiration Date: _____ FEIN# _____

Limits Required: General Liability: _____ Liquor Liability: _____

- Annual attendance expiring policy term: _____
 Estimated attendance this policy term: _____
 Seating: _____ Capacity: _____
- List any entity that you are required by contract to name as an Additional Insured, include name and relationship: (provide copy of contract)

 (If additional space is required, please use the back of this form or attach a separate piece of paper)

- Who is responsible for the following? (Check One)

	Applicant	Sub-Contracted	Other	Describe
Management of Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concession Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liquor Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid (personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireworks displays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Amusement devices/rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Off-premises catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Provide complete copies of contracts.

- Is a certificate of insurance obtained from the annual subcontractors and tenants, indicating you have Additional Insured status? Yes No
- Are signed Waivers/Assumption of Risk forms require from all persons entering restricted areas? Yes No
- Are all parking lots well lit? Yes No
- Are all parking lots patrolled? Yes No
- How long has current management been at this facility? _____
- Is there a risk manager? Yes No
- Is there a written emergency evacuation plan established for the facility? Yes No
- Are restrooms checked/cleaned during the events? If yes, how often? _____ Yes No
- Are crews prepared and on-duty to clean up spills? Yes No
- Are first aid facilities maintained? Yes No
 Are all cooking surfaces properly fire protected Yes No
 What type of Automatic Extinguishing System (AES) is in place? _____
- Do you have a contract for servicing and maintaining the automatic extinguishing? Yes No
- How often is this system serviced and maintained? Monthly Quarterly Semi-Annually Annually
- Do you have a contract for cleaning the hoods and ducts? Yes No
- How often are filters cleaned? _____ By whom? _____ Yes No

Liquor

1. Are alcoholic beverages sold? Yes No
2. License holder _____ Liquor License # _____
3. Have you ever been fined or had your license revoked or suspended? Yes No
4. Do all servers receive alcohol awareness training? Yes No
5. Are patrons allowed to carry alcoholic beverages onto the premises? Yes No
6. Do you stop serving at least one hour prior to closing? Yes No
7. Estimated annual sales = alcohol \$ _____ food \$ _____

Event Promotion/Facility Use

1. Does the facility self-promote any events? Yes No
If yes, describe the type of events

2. Does the facility co-promote any events? Yes No
If yes, describe the type of event?

3. Does the facility have Rap, Hip-Hop, Punk Rock, Rave, Heavy Metal or other music in similar categories? Yes No
If yes, what additional security measures are implemented?

- Are any of these events promoted/co-promoted by the facility? Yes No
4. Are mosh pits allowed? Yes No
If yes, please confirm the following procedures are implemented:
Waivers signed? Yes No
Arm/wrist bands provided for entry? Yes No
5. Have you had or do you plan on scheduling any of the following activities?

Bungee Operation

Yes No

Co/Self Promoted

Yes No

Iron Man/Tough Man events

Yes No

Yes No

Inflatable Bounce Houses or Similar

Yes No

Yes No

Rodeos

Yes No

Yes No

Security

1. By contract, who's primarily responsible for liability coverage of off-duty police? Applicant Municipality
2. By contract, who's primarily responsible for Workers Compensation of off-duty police? Applicant Municipality
3. Are all the applicant's security guard employees licensed by the state as a security guard? Applicant Municipality
If no, please explain:

INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	Employees		Off-Duty Police		Other Independent Contractors	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-time						
Part-time						

4. Are background investigations and checks conducted on all employees who perform security duties? If yes, mark appropriate box: Yes No

Criminal Background Checks

Previous Employer

Motor Vehicle Report

Fingerprints

Drug Screening

Personal Reference

Background Cleared Prior to Hire

Other _____

5. What firearm training is required for armed security employees?

6. Does applicant have a formal training program for security employees? Yes No

If yes, explain or attached a copy of training manual.

7. Provide number of dogs to be used in your security operations: _____

8. Describe additional security measures implemented since 09/11/2001

Non-Owned/Hired Auto Liability

1. Do you have a Business Auto Policy for owned autos? Yes No

If yes, coverage should be obtained under your Business Auto Policy.

2. Do employees or volunteers routinely use their autos for company business? Yes No

Explain: _____

Total number of employees: _____ Total number of volunteers: _____

3. Do you, the insured, verify, that the insurance is in place with limits of at least \$300K before the employees or volunteers can use the auto? Yes No

4. In the last 3 years have leased, borrowed or hired any vehicles for your business? Yes No

5. If you anticipate some usage this year, what type of vehicles (trucks, buses, cars) will you lease, borrow and/or hire? (Explain and identify)

List of Drivers

Name	Birth Date	Driver's License #	State	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please submit the following with completed application:

- Security Procedures**
- Emergency Evacuation Plan**
- 5 years (including current) of Recent Carrier Loss Runs**
- Copies of contracts for subcontracted services (see question #3)**
- Copy of user/event agreement**
- Copy of lease agreement with landlord (if applicable)**
- Copy of lease agreement with tenants (if applicable)**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)