

# Film Emporium Venue/Lessor Supplemental Application

Policy Number: \_\_\_\_\_

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

2.

Venue Location	Address	Age	Type of Construction	Seating Capacity

Type of Seating (Festivals/Reserved)	# of Exits	Stories

(If more locations, please use a separate piece of paper)

3. Attach standard contract used with Tenant Users and evacuation plan.
4. Attach a list of last year's events and expected events for this year.
5. What are the standard limits of liability required from the Tenant User: \_\_\_\_\_

**For Each Venue Above**

6. Type & Number of Security: \_\_\_\_\_
  - a) Responsibilities: \_\_\_\_\_
  - b) Armed? Yes    No
  - c) Guard Dogs? Yes    No
  - d) Security will consist of: \_\_\_ Employees or an Independent Firm
    - i. If employees, please explain the training program given and the Supervisor's resume and experience
    - ii. If an independent firm, please detail experience and attach a certificate adding as an additional insured.

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7. Type and number of medical personnel: \_\_\_\_\_  
a) Will they supply certificates? Yes No; Limits: \_\_\_\_\_
8. Type of entry for spectators (i.e., turnstiles, double doors, etc.): \_\_\_\_\_  
\_\_\_\_\_
9. Is facility responsible for parking? Yes No; If no have certificates been obtained? Yes No
10. What concessions are sold?  
a) Explain type of products and receipts: \_\_\_\_\_  
b) If an independent firm, please provide a copy of certificate of insurance.
11. Will beer or liquor be sold? Yes No  
a) Who holds the valid license? \_\_\_\_\_  
b) Total Receipts: \_\_\_\_\_  
c) Do you obtain a certificate from a third party? Yes No; If yes, please attach a copy.
12. Will a private firm provide maintenance? Yes No  
a) Name of maintenance company: \_\_\_\_\_  
b) Will the maintenance company provide certificates? Yes No  
c) Experience of the firm or supervisor: \_\_\_\_\_
13. Show percentage of events for which certificates are provided by Lessee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Is the facility in compliance with City, State, County or Township, Building Safety and Codes?  
Yes No; If no please explain: \_\_\_\_\_  
\_\_\_\_\_
15. Prior losses for the past 5 years: \_\_\_\_\_  
\_\_\_\_\_

Please attach standard Acord Applications with this Supplemental.

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Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in a way as to conceal or misrepresent any material, fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

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

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

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

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_

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