



Co-Promotion Application

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300 Redland Court Suites 105-107
 Owings Mills, MD 21117
 Phone: 410-356-4020 Fax: 410-356-4617
 www.idmd.net

Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Contact Phone: () - ext.		
Address 2:			Contact Fax: () -		
Address 3:			Contact Email:		
City:	St:	Zip:	Date Faxed:		
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					
Date of Event(s):					

Applicant Contact Information

Your Contact Name:			Address 1:		
Contact Phone: () - ext.			Address 2:		
Contact Fax: () -			Address 3:		
Contact Email:			City:	St:	Zip:

Co-Promoter Information

Corporate Name:			Trading Name:		
Address 1:			Contact Phone: () - ext.		
Address 2:			Contact Fax: () -		
Address 3:			Contact Email:		
City:	St:	Zip:	Inception Year:	Tax ID:	
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					
Does Co-Pro participate in the financial risk of the show? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Co-Pro participate in contracting with venues? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Co-Pro participate in contracting with artist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Co-Pro participate in contracting with any production or services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Co-Pro participate in negotiating talent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Co-Pro participate in negotiating and/or purchasing advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is Co-Pro acting as local liason? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Co-Promoter Contact Information

Co-Pro Contact Name:			Address 1:		
Contact Phone: () - ext.			Address 2:		
Contact Fax: () -			Address 3:		
Contact Email:			City:	St:	Zip:

NOTICE: If insurance coverage is ultimately provided, any misrepresentation or fraudulent information may void coverage and defense may be denied for claims presented against you and the Co-Promoter.



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Event Info: (Please specify event name, location, band name if applicable.)

NOTICE: If insurance coverage is ultimately provided, any misrepresentation or fraudulent information may void coverage and defense may be denied for claims presented against you and the Co-Promoter.

Insured Signature:

Date: