



100 South Capitol Avenue
Indianapolis, IN 46225
317-262-3400 (Main #)
317-262-3685 (Fax #)

INSURANCE PERMITS AND TAXES

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INSURANCE

Exhibit halls, the RCA Dome and all public-ticketed events require insurance. Customers and all contractors (i.e. pre-qualified convention decorators, pre-qualified exhibitor-appointed contractors, and other support services) must provide the Indiana Convention Center & RCA Dome with a Certificate of Insurance at least thirty (30) days prior to the date of initial occupancy. Food functions in any area of the facility are exempt.

The Certificate of Insurance shall be endorsed to provide that the Capital Improvement Board of Managers of Marion County, Indiana, and its officers, Board, agents and employees is an Additional Insured as to all Commercial General Liability, Comprehensive Automobile Liability, and Umbrella Liability insurance coverage provided under such policy or policies, and further agrees that such insurance as is designated hereunder shall be written for not less than the following limits of liability:

Commercial General Liability:

\$1,000,000	General Aggregate.
\$1,000,000	Products Completed Operations Aggregate.
\$1,000,000	Personal and Advertising Liability.
\$1,000,000	Each Occurrence Limit.
\$1,000,000	Fire Legal Liability.
\$5,000	Medical Payments.

Comprehensive Automobile Liability

\$1,000,000 combined single limit Bodily Injury & Property Damage or equivalent.

Umbrella Excess Liability

For Exhibit Hall Events: \$1,000,000 combined single limit Bodily Injury & Property Damage is required.

For Stadium Events: \$5,000,000 combined single limit Bodily Injury & Property Damage is required.

Indiana Convention Center & RCA Dome Workers' Compensation

Indiana Convention Center & RCA Dome users further agree to have and maintain in full force and effect during its occupancy a policy or policies of worker's compensation and employers' liability insurance which provide it with complete coverage and protection from and against claims, actions or lawsuits brought under or pursuant to worker's compensation, employer's liability or other employee benefit acts, including actions brought by volunteers of the Licensee. Such insurance shall be in the amounts required by statutory worker's compensation requirements and employer's liability limits of \$100,000 each accident, \$500,000 disease limit and \$100,000 disease limit for each employee or volunteer. If the client uses volunteers in conjunction with its use of the Indiana Convention Center & RCA Dome, such policy or policies of insurance shall specifically cover and include volunteers of the client.

Events considered as "hazardous activity," such as motorcycle races, monster truck events, or using pyrotechnics for events are required to submit a Safety Plan for review by the facility. For further information or a sample Certificate of Insurance, consult the Sales or Event Management Department.

PERMITS AND TAXES

- 1) All exhibitors selling new or used goods are required to have an "BT1" Retail Merchants Certificate from the Indiana Department of Revenue. Exhibitors may apply by calling 317-233-4017. Presently, a twenty-five dollar (\$25.00) fee is required to the Indiana Department of Revenue. For further information, please visit their website at www.state.in.us/dor.
- 2) The Indiana State Fire Marshal requires all clients utilizing facilities of the Indiana Convention Center & RCA Dome for entertainment or public assembly to apply for an Application for Amusement Entertainment Permit from the Department of Homeland Security, Division of Fire Safety. The form should be completed, signed and returned with

payment, no later than 30 days prior to your event, to the Department of Homeland Security, Division of Fire Safety, Permit Division, 402 West Washington Street, Room E241, Indianapolis, IN 46204. Currently, a \$69.00 fee is required. Questions should be directed to the Indiana State Fire Marshal at 317-232-2222.

- 3) A six percent (6%) Marion County Admissions tax will be imposed on all tickets sold through our ticket office. This tax will apply to concerts, sporting events, and other public ticketed entertainment events. This tax does not apply to educational institutions, religious organizations, and events sponsored by an organization that is considered a charitable organization by the Internal Revenue Service for federal tax purposes. This tax should be stated on the tickets separate from the admission price. If you have any questions pertaining to the county admissions tax, contact your sales manager.
- 4) All Licensees are responsible for Indiana state sales tax (currently 6%) on the gross rental costs for ICCRD facilities. An Indiana exempt certificate must be on file to absolve the Licensee from state sales tax.

In addition to the six percent (6%) Indiana sales tax, there is a two percent (2%) Marion County Food and Beverage tax on all food and beverage purchases.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2003

PRODUCER (317)xxx-xxxx

FAX (317)xxx-xxxx

Your Agent

Agent Address

City, State, Zipcode

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED Named Insured

INSURER A: ABC Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	POLICY NUMBER	Eff Date	Exp Date	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER:	
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	POLICY NUMBER	Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS					
<input checked="" type="checkbox"/>	NON-OWNED AUTOS						
A		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC AGG	\$
A		EXCESS/UMBRELLA LIABILITY	POLICY NUMBER	Eff Date	Exp Date	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
							\$
	<input type="checkbox"/>	DEDUCTIBLE					\$
	<input type="checkbox"/>	RETENTION \$					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 100,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Capital Improvement Board of Managers of Marion County, Indiana, and its officers, directors, agents, and employees are named as Additional Insured under the General Liability; Auto Liability and Umbrella Excess Liability Policies Shown Above.

CERTIFICATE HOLDER

Capital Improvement Board of Managers
of Marion County
100 South Capitol Avenue
Indianapolis, IN 46225-1071

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Agent Signature



APPLICATION FOR AMUSEMENT ENTERTAINMENT PERMIT

State Form 42235 (R4 / 11-05)
Approved by State Board of Accounts, 2006

INSTRUCTIONS: Return to: Department of Homeland Security
Division of Fire Safety
Permit Division
402 West Washington Street, Room E241
Indianapolis, IN 46204

OFFICE USE ONLY

Permit number

Receipt number

<input type="checkbox"/> Theater	<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Night Club	<input type="checkbox"/> Cabaret	<input type="checkbox"/> Special Event
<input checked="" type="checkbox"/> Assembly Hall	<input type="checkbox"/> Roller Rink	<input type="checkbox"/> Lodge Hall	<input type="checkbox"/> Carnival Fair	<input type="checkbox"/> Gymnasium
Name of facility INDIANA CONVENTION CENTER & RCA DOME		City INDIANAPOLIS	County MARION	
Address (number and street, city, ZIP code) 100 SOUTH CAPITOL AVENUE INDIANAPOLIS, IN 46225				
Specific room or floor		Facility description INDIANA CONVENTION CENTER & RCA DOME		
Closest intersecting street or road MARYLAND STREET AND CAPITOL AVENUE		Direction from intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		

APPLICANT INFORMATION

<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Lessee	Name of applicant	Telephone number
Address of applicant (number and street, city, state, ZIP code)		
If incorporated, principal officer of corporation:		
Name of person to contact for inspection:		Telephone number
Address of contact person (number and street, city, state, ZIP code)		
Responding fire department INDIANAPOLIS FIRE DEPARTMENT, STATION #49009		
Address of fire department (number and street, city, state, ZIP code) 555 NORTH NEW JERSEY, INDIANAPOLIS IN 46204		

TYPE OF PERMIT REQUEST

<input checked="" type="checkbox"/> Special Event <input checked="" type="checkbox"/> Endorsement	Date of event	Hours of event	Name of event	Intended Occupant Load
<input type="checkbox"/> Annual <input type="checkbox"/> Event	N/A			

SPECIAL EVENT ENDORSEMENT INFORMATION

Existing Operating Permit number: N/A	Intended occupant load
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APPLICATION CERTIFICATION

I, or we _____ hereby certify that under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and belief, and that the operation of the place of amusement or entertainment or events described above will conform in every respect and at all times, with the laws, rules, and regulations of the Fire Prevention and Building Safety Commission and will not be used for other purposes except as herein stated.
Signature

OFFICE USE ONLY

Permit issuance date	Reinspection date	Inspection date	Type of permit	Fee amount/year of permit \$ 20 _____
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PERMIT FEES

Fees are based on occupant

- 1-99 Persons _____ \$69.00
- 100-499 Persons _____ \$104.00
- 500-999 Persons _____ \$138.00
- 1,000 – 4,999 Persons _____ \$173.00
- 5,000 – 9,999 Persons _____ \$207.00
- 10,000 or more _____ \$242.00
- **Special Event Endorsement** _____ **\$69.00**



Revised 5/06

The Indiana State Fire Marshal requires the Indiana Convention Center & RCA Dome to furnish the enclosed Application for Amusement Entertainment Permit to all persons or organizations utilizing facilities of the Center for entertainment or public assembly. This application is in compliance with House Enrolled Act No. 221, enacted by the General Assembly, March 6, 1937. The fees for the permit are explained on the back of the form.

For your convenience, generalized information is already supplied. Please fill in all additional information requested to the best of your knowledge. Your event is required to obtain the "Special Event Endorsement." The form should be completed, signed and returned with payment, no later than 30 days prior to your event, to:

Department of Homeland Security
Division of Fire Safety
Permit Division
402 West Washington Street, Room E241
Indianapolis, IN 46204

If you have any questions in this regard, please contact the Fire Marshal's office at 317-232-2222.