

# Theatrical Application

## About This Program

This application is used to insure touring and non-touring theatrical companies.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement
- Schedule of Productions & Shows

## Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	

## Underwriting Qualification Questions

Will any production include stunts, pyrotechnics, animals or hazardous activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will any production activities take place outside of the U.S. and Canada? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any employees supplied to or from an employee leasing operation (i.e. PEO)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Policy Type</b>	<b>Carrier</b>	<b>Policy #</b>	<b>Expiration Date</b>	<b>Premium</b>
			/ /	
			/ /	

Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Policy/Line</b>	<b>Date of Loss</b>	<b>Description of Loss</b>	<b>Amount of Loss</b>
	/ /		
	/ /		

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## Production Details

Production Name			
Type of Production			
Synopsis			
Production company responsible for premises/spectators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Touring or fixed location	<input type="checkbox"/> Fixed <input type="checkbox"/> Touring		
Names of principal players/stars			
Estimated Number of performances			
Production Dates	Performance (required)	From: / /	To: / /
	Audition (optional)	From: / /	To: / /
	Rehearsal (optional)	From: / /	To: / /
	Setup (optional)	From: / /	To: / /
	Tear Down (optional)	From: / /	To: / /
Total Expenses Including Payroll			
Employees & Payroll		# Employees	Total Payroll
	Actors	_____	_____
	Crew	_____	_____
	Musicians	_____	_____
	Other	_____	_____
If hired/non-owned auto coverage is required:			
Cost of hire (other than mobile studios/film trucks)	_____		
Cost of hire (mobile studios & film trucks)	_____		
Loaned or Donated autos (#, days)	_____ # _____ Days		

## Schedule of Shows

Dates	Total Shows	Venue Name, Address, City, State, Zip	Venue Capacity	Expected Attendance
/ / - / /				
/ / - / /				
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For additional theatrical productions or show dates, duplicate this page.

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## Coverages

### Dates of Coverage

Effective:     /     /     Expiration:     /     /

Coverage		Limit	Deductible
<b>General Liability</b> (* Indicates required coverages)			
Occurrence / Aggregate Limit	*		n/a
Blanket Additional Insureds/Certificates of insurance	*	Included	n/a
City Certificates		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Stop Gap Liability (OH, WA, ND, WY only)		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

### Inland Marine

(\* Indicates required coverages if Inland Marine is purchased)

Actor's Equity			
Rented Props, Sets, Wardrobe			
Rented Furs, Jewelry, Arts, Antiques			
Owned Equipment, Props, Sets, Wardrobe			
Production Interruption/Extra Expense			
Third Party Property Damage		Same as Negative Film	
Rental Cost Reimbursement			
EDP			
Resumption of Operations			
Accounts Receivable			
Valuable Papers			
Money & Securities			
Civil Authority Coverage			
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Worldwide Coverage Territory		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

### Automobile

(\* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability	*		n/a
Waiver of Subrogation		<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate limit)			

### Excess Liability

Occurrence / Aggregate Limit			n/a
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Applicant Signature: \_\_\_\_\_

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

To be completed by your Insurance Broker:

Insurance Company(s) Applied to:

Insurance Agency/Agent:

License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

