



THEATRICAL PRODUCTION APPLICATION

1. Name of Production Company (Applicant)

2. Address _____
Street City County State Zip Code

3. Applicant is: Individual Partnership Corporation Limited Liability Corporation (list officers and others)

President _____ Vice President _____

Secretary _____ Treasurer _____

Director _____ Producer _____

General Manager _____ Choreographer _____

4. Experience of Applicant, General Manager and Choreographer (examples) _____

5. Title of Production _____

6. Type of Production: Drama Comedy Musical Other _____

Storyline _____

Dancing? Yes No

7. Describe all special stunts, acrobatics, dancing, skating, scenes involving animals or special equipment needed.

8. Name and address of:

Scenic Shop _____

Costume Shop _____

Rehearsal Studio _____

Theatre _____

Note: Attach copy of contract with Theatre owner.

9. Indicate Theatres for Pre-Broadway tryouts (if applicable). Include city and state and inclusive dates at each.

10. Number of Production Staff who are members of:

Actors Equity Association _____ Other Unions _____ Non-Union _____

11. Production Schedule (*dates*)

Auditions Start	_____	Payroll Starts	_____
Rehearsals Start	_____	Theatre License Effective	_____
Construction of Sets Starts	_____	Preview Start	_____
Construction of Costumes Starts	_____	Opening Date/First Performance	_____

12. If production is touring, complete the following:

- a. Number of performers _____
- b. Means of transportation of performers _____
- c. Means of transportation of property _____
- d. Are there any owned or long-term hire vehicles including buses and trucks? Yes No
If yes, provide details. _____
- e. Name and Address of provider of driver(s) _____

- f. Does the insured use aircraft other than well known commercial airlines? Yes No
If yes, provide details. _____

Attach copy of itinerary showing dates, names and addresses of theatre and capacity.

13. For inspection, contact _____ Phone No. _____

14. a. Where will records be kept for audit? _____

b. Contact person name _____ Phone No. _____

15. Previous Insurer (NOT APPLICABLE IN MISSOURI) _____

16. Has the applicant ever had any form of insurance cancelled or declined? Yes No

If yes, explain fully. (NOT APPLICABLE IN MISSOURI) _____

17. Loss experience of applicant for past five years (Attach loss history).

18. Describe in detail any contingent plans made by the applicant in the event there is loss of or damage to any property or facilities to be used in connection with the insured performance.

THEATRICAL PACKAGE SECTION

1. Estimated Property Values at Completion:

Sets/Scenery/Props	\$ _____
Wardrobe/Costumes	\$ _____
Sound Equipment	\$ _____
Lighting Equipment	\$ _____
Electronic Switchboard/Computers	\$ _____
Film/Slide Projection Equipment	\$ _____
Musical Instruments	\$ _____

Winches and Other Computer Technology \$ _____
 Furs/Jewelry Valued over \$1,000 \$ _____
 (itemize separately)
 Antiques/Object of Art (itemize separately) \$ _____
 Total: \$ _____

2. Calculation of Extra Expense Limit:

Payroll \$ _____
 Advertising \$ _____
 Office Overhead \$ _____
 Equipment & Property Rental \$ _____
 Theatre Rental \$ _____
 Profit (Optional) \$ _____
 Total: \$ _____

3. Coverages and Limits Desired:

	Limit of Liability	Deductible
Theatrical Property	_____	_____
Extra Expense	_____	_____
Equity Floater (Number of members X \$6,000)	_____	_____
Catastrophe Accident (specify A, B, and/or C)	_____	_____
Money & Securities Floater	_____	_____
Employee Dishonesty (Attach Acord Application)	_____	_____
Office Contents	_____	_____

4. Any props or costumes valued in excess of \$25,000? Yes No If yes, explain.

5. Loss, if any, payable to: _____

6. How is property protected? (fire fighting equipment, watchmen, etc.) _____

7. Maximum time needed to reconstruct destroyed sets or scenery. _____

8. List other substitute theatre or facility immediately available. _____

MONEY & SECURITIES BROAD FORM / EMPLOYEE DISHONESTY / OFFICE CONTENTS SECTION

1. Maximum amount of cash on hand: Daily \$ _____ Weekly \$ _____

2. Describe how cash is taken from/to bank to/from theatre. _____

 Frequency _____

3. Describe how cash is safeguarded on premises/theatre. _____

4. List persons whom have access to cash (names & titles) _____

5. Describe how valuable papers are stored. _____
 Is storage fireproof? Yes No Alarmed? Yes No
6. Describe how office contents are safeguarded against both fire and theft. _____
7. Construction of building where office contents are kept _____ Year built _____
8. Term of Coverage:
 Money & Securities/Employee Dishonesty From _____ To _____
 Office Contents From _____ To _____

GENERAL LIABILITY SECTION (Attach Acord)

1. List names and describe any additional insureds, including theatres. _____

2. Whom is the insured holding harmless and indemnifying? (attach copies of agreement(s))

3. Does the insured operate the house? Yes No Is there audience participation? Yes No
 If yes, explain. _____

4. Coverage and Limits Desired:

General Aggregate Limit (Other Than Products-Completed Operations) \$ _____
 Products-Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Damage to Premises Rented to You \$ _____
 Medical Expense Limit \$ _____ Any One Person

- Sales of Merchandise Sold Non-Owned Auto Liability (NOAL) Deductible: _____
 In Connection with Insured Limit: _____ Per Claim
 Performance \$ _____ Non-Owned Auto Physical Damage Per Occurrence
 Describe Merchandise (Must be written w/NOAL)

5. Rating Basis:

Total Payroll \$ _____ Number of Performances _____
 Seating Capacity _____ Estimated Number of Admissions _____

6. Effective Date desired _____ Expiration Date _____
7. Is the insured making any alterations or modifications to the existing theatre including but not limited to carpentry and electrical work? Yes No
 Who is doing the work? Insured's own people Insured hiring outside firm
 Name and explain. _____
8. Does the insured manufacture or distribute any products? Yes No
 If yes, give details. _____

NON-OWNED, HIRED, LOANED OR DONATED AUTOMOBILE LIABILITY & PHYSICAL DAMAGE SECTION (Attach Acord)

1. Estimated cost of hire for: Private Passenger Autos \$ _____ All Other \$ _____
2. Number of Private Passenger Autos loaned or donated _____ Term loaned or donated each auto _____
Number of Vans, Trucks, Buses, etc. loaned or donated _____ Term loaned or donated each _____
3. Total value of all vehicles \$ _____

If any vehicle(s) valued in excess of \$50,000, describe and give individual value(s).

This Application shall be attached to and become a part of any Policy, should a Policy be issued as a result of this Application, which shall then be deemed a Schedule to such Policy as well, but the signing hereunder does not bind the Application or the Insurer to complete the insurance unless and until a Policy of Insurance is issued in response to this Application.

Date _____ Applicant _____
Federal Employer I.D. No. _____
By _____
Title _____

Agent/Broker _____
Address _____
Contact _____ Phone Number _____

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on a application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.