

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			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

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

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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
General Liability (* 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.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application.

- COLORADO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any 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.
- FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- MAINE:** 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.
- MARYLAND:** 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.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.
- MINNESOTA:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
- NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.
- OKLAHOMA:** 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.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

_____ **YES**
_____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- WISCONSIN:** 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.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT	_____ DATE
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