

**PERFORMING ARTS POLICY APPLICATION**

*If you operate a theatre, whether you own it or not, please complete the Theatre/Venue Application*

1. Named Insured \_\_\_\_\_  
(Exact Legal Name)  
Indicate if known by other names \_\_\_\_\_  
\*Note: If more than 1 Insured, explain financial interest & control of each entity & function.
2. Mailing Address \_\_\_\_\_  
Location(s) Address(es) \_\_\_\_\_ (if different)  
\_\_\_\_\_
3. Applicant is: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Not for Profit \_\_\_ Other
4. Name of Contact for Insurance; Inspection & Accounting \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_
5. Date Company Established \_\_\_\_\_

Please attach:

- a) brochure or any promotional materials describing your group and activities
  - b) for classes and workshops, please attach registration form and class information
6. Approximate number of performances per year \_\_\_\_\_
  7. Estimated total salaries and 1099 fees to employees and performers \$ \_\_\_\_\_
  8. Approximate total square footage of any premises that you rent on a long term basis:  
Office Space \_\_\_\_\_  
Class rooms \_\_\_\_\_  
Rehearsal Space \_\_\_\_\_  
Web-site address \_\_\_\_\_

**\*\*\*\*\*Complete 9 & 10 only if you want a quote for Property Insurance\*\*\*\*\***

9. a. Replacement Value of Contents including fixtures and features? \$ \_\_\_\_\_
- b. Theatrical Property Floater limit (replacement cost) of sets, costumes, musical instruments, lighting, sound used on and off premises or which may be in transit. Include value of owned, rented and borrowed equipment \$ \_\_\_\_\_
- c. Computer Equipment \$ \_\_\_\_\_
10. Does premises where Insured's property is usually stored have the following:
- a. Central Station alarm Yes \_\_\_ No \_\_\_
  - b. Central Station Fire alarm Yes \_\_\_ No \_\_\_
  - c. Deadbolt Locks Yes \_\_\_ No \_\_\_
  - d. 24-hour guards on premises Yes \_\_\_ No \_\_\_
  - e. Sprinkler system Yes \_\_\_ No \_\_\_

Approximate age of building \_\_\_\_\_ Number of Stories \_\_\_\_\_

11. Please attach a list or describe all property and liability claims during the past 3 years.
- \_\_\_\_\_
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**If no property or liability claims, please confirm by initialing here** \_\_\_\_\_

12. Do you have a Workers Compensation Insurance Policy? If yes, please advise expiration date and Insurance Company: \_\_\_\_\_

**Estimated Annual Payroll:**

Actors & Musicians: \_\_\_\_\_

Other Production Personnel including stage managers, stage hands, ushers and box office \_\_\_\_\_

Office/Administrative \_\_\_\_\_

Other (please describe duties) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The completion and submission of this application does not guarantee binding of insurance by any parties. Insurance will not become effective until a written binder is signed or the Carrier issues a policy.

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

I/We have read the above and agreed that to the best of my/our knowledge and belief it fully represents the true statements of facts.

Application completed by: \_\_\_\_\_ FEIN# \_\_\_\_\_

Signed: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_

Do you want information about Directors & Officers' Liability? \_\_\_\_\_yes\_\_\_\_\_no

Do you want information about Volunteer/Student Accident Insurance? \_\_\_\_\_yes\_\_\_\_\_no

Are you a member of ART/NY ? \_\_\_\_\_Yes\_\_\_\_\_No

Are you a member of Theatre LA ? \_\_\_\_\_Yes\_\_\_\_\_No