

THEATRICAL INSURANCE APPLICATION

Appropriate for Broadway Shows and Touring Shows

1. Outline of Insurance Requirement for the Production Entitled: _____
" _____ "
2. Name of Production Company: _____
3. Mailing Address of the Insured: _____

4. Email Address: _____ Web-site Address: _____
5. Check which form applicable:
LTD Partnership Corporation Joint Venture LLC Other (specify) _____
6. Names of General Partners, Officers, Joint Venturers or Managing Members:

7. Employee Identification #: _____
8. Company Manager or Insurance Contact: _____
Telephone #: _____ Fax #: _____
Email: _____
9. Accountant Name, Address & Telephone Number:

10. Brief description of Production and Storyline:

11. a. Please describe any and all dancing, special stunts, acrobatics, hazardous activity, equipment or pyrotechnics:

b. Is a choreographer on salary or contracted? Yes _____ No _____

12. Name & Address of Theatre(s): _____

IF TOURING, ATTACH COMPLETE ITINERARY INCLUDING TRAVEL DATES

13. a. Are you assuming liability for Audience/Spectators? Yes ___ No ___

b. If so, attach copies of insurance requirements of theatre lease(s).

c. Attach copies of any other contract wherein you assume liability.

14. List All individual and Entities Which Must Be Included As Additional Insured (AI) &/or Loss Payee (L.P.)

15. Schedule:

Date Auditions Begins _____ Where _____

Date Rehearsal Begins _____ Where _____

Date of First Public Performance _____ Where _____

Date of Official Opening _____ Where _____

Earliest Date on which construction of set starts or costumes or you are otherwise responsible for theatrical property _____

16. Theatrical Property Replacement Values:

Sets/Scenery: _____ Props: _____

Costumes/Wardrobe: _____ Mechanical Winches, etc. _____

Lightning & Sound Equipment: _____ Musical Instruments: _____

On separate sheet list any antiques, object of art, furs, jewelry, or precious stones and metals

17. Operating Expenses:

Average Weekly Expenses: _____

Maximum Gross Weekly Potential: _____

Please attached your budget.

18. Average Weekly Payroll in Following Categories:

*Actors, Entertainers &/or Musicians _____

*All Other Production employees _____
including director, stage hands, crew, company manager, box office

Clerical Office Employees: _____

Press Agent: _____

Drivers: _____

Other (please specify): _____

***Please note for the purpose of Workers' Compensation do not include any salary in excess of \$4,900. - per week per person in New York. Please refer to us for special rules in other States.**

19. Personnel:

Average number of Male Employees: _____ Females: _____

Number of Union Members:

ACTOR'S EQUITY _____ AGMA _____

AGVA _____ Other Union/Guild (Please Specify) _____

20. Names of Principal players/stars:

A separate application is required along with a medical report for non-appearance or cancellation of events coverage.