

# Performing Arts Insurance Application

(A separate application is required for each location)

Desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## General Information

Name as it should appear on the policy: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner's Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Business is set up as a:  Corporation  Partnership  Individual  Joint Venture  LLC

Do you own or rent facility?  Own  Rent  Long Term Lease Square Footage of Facility: \_\_\_\_\_

**If you rent and landlord is to be an Additional Insured (no charge), give complete name and address.**

Name of landlord/Additional Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If you rent several locations during the year on a regular basis for rehearsals, performances, etc. please list additional insureds required:**

**Additional Insured:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Insured:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list other names by which your group is known: \_\_\_\_\_

## Business Information:

Does this group operate:  Full time  Part time

Are you set up as:  For-Profit  Non-Profit

Number of years under current Management: \_\_\_\_\_

Specify Your Principal activity below:

### Performances

Music — Instrumental

Music — Vocal

Theatre — Plays

Theatre — Operas

Dance

Other: \_\_\_\_\_

### Instruction

Music — Instrumental

Music — Vocal

Theatre — Plays

Theatre — Operas

Dance

Other: \_\_\_\_\_

Attach copies of all promotional materials

WEB

## Employee Information

Indicate the number of staff members by: Employees \_\_\_\_\_ Independent Contractors \_\_\_\_\_ Volunteers \_\_\_\_\_

Do you request Certificates of Insurance from Independent Contractors?  Yes  No

Number of years experience of the Director: \_\_\_\_\_

## Census Information

Indicate the maximum number of students for instructional purposes: \_\_\_\_\_

Indicate the maximum number of members in group: \_\_\_\_\_

Indicate the maximum number of performances per year: \_\_\_\_\_

Indicate the performances planned and seating capacity of the location:

Performance:	Location:	Seating Capacity:	Indoor:	Outdoor:
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

By lease agreement with owners of locations hosting performances, are you responsible for the premises during these performances?  Yes  No

**Provide copy of contract.**

Do you hold owner of premises harmless?  Yes  No

## Financial Information

Indicate the business' annual gross revenues by:

Admissions:	+	\$	_____
Alcoholic Beverages:	+	\$	_____
Donations:	+	\$	_____
Public Funding:	+	\$	_____
Rent from others for use of facilities:	+	\$	_____
Other Sources:	+	\$	_____
<b>TOTAL:</b>	=	\$	_____

What is the average ticket price per performance?

\$ \_\_\_\_\_

Explain other sources of revenue \_\_\_\_\_

## Safety/Activities Information

Do members use their own vehicles?  Yes  No

Do you own vehicles that transport members?  Yes  No

Is there at least one manager, employee or volunteer trained in CPR/First Aid?  Yes  No

Do you serve alcoholic beverages at performances?  Yes  No

Is there an emergency evacuation plan in place?  Yes  No

Are all premises where performances are given protected by smoke alarms?  Yes  No

Are all exits lit?  Yes  No

Do you rent out or let others use your premises?  Yes  No

List any other activities you engage in with the number of participants for each.

- Camps: \_\_\_\_\_
- Community Service: \_\_\_\_\_
- Other Instruction: \_\_\_\_\_
- Other: \_\_\_\_\_

**Insurance Information**

Indicate liability limit desired:  \$500,000  \$1,000,000

Currently insured?  Yes  No (If yes, please give Insurance Company's name and Premium paid.)

Name: \_\_\_\_\_ Premium Paid? \$ \_\_\_\_\_

Has similar insurance been canceled or declined in the last 5 years?  Yes  No (If yes, please describe)

\_\_\_\_\_

\_\_\_\_\_

**Loss History**

Have there been any liability or medical claims in the last 3 years?  Yes  No (If yes, provide the following details for the last 3 years. Please supply company loss runs.)

Date of Loss	Type of Loss (Acc. Med./ Liability)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Other Coverage Options**

If you would like a quote on any of the following coverages please indicate by checking the applicable box.

Coverage	I currently have:	Please Quote*:
Property:	Building	<input type="checkbox"/>
	Contents/Equipment	<input type="checkbox"/>
	Glass	<input type="checkbox"/>
	Sign	<input type="checkbox"/>
	Crime	<input type="checkbox"/>
	Business Income	<input type="checkbox"/>
Umbrella	<input type="checkbox"/>	<input type="checkbox"/>
Accident Medical	<input type="checkbox"/>	<input type="checkbox"/>

\*Please send Acord or call for an application.

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

**Fair Credit Report Act Notice:** An investigative consumer report may be requested by the insurer to which this application is assigned as to the consumer's character, general reputation, personal characteristics and mode of living. Subsequent consumer reports may be requested in connection with an update or renewal, or extension of the insurance for which this application is made. The applicant will be informed of the name and address of the consumer reporting agency that furnished the report.

**Fraud Warning:** 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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_