



Allen Financial Insurance Group

www.csins.com

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THEATRE POLICY 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

The officers or partners of which are:

Pres. _____ Treasurer _____

V.P. _____ Secretary _____

4. Name of Contact for Insurance; Inspection & Accounting

Tel: _____ Fax: _____ e-mail: _____

5. Date Company Established

6. Description of Operations (i.e. estimated number and type of performances produced, number of rental days. **Please describe any other activities such as classes, workshops, etc.**)

Attach copies of any brochures, registration forms, etc. for other than productions.

Please attach any promotional materials describing your group and activities.

Please attach a copy of your rental contract when you rent the premises or others.

7. Property Values: **Complete only if property coverage is requested**
- a. Replacement Value of Building (if you are required to insure)?
 \$_____
- b. Replacement Value of Improvements & Betterments - permanent fixtures and features \$_____
- c. Replacement Value of Contents (items that stay on premises but which are not permanently attached fixtures and features? \$_____
- d. Theatrical Property Floater limits (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 \$_____
- e. Computer Equipment \$_____
- f. Are any renovations planned within the next 12 months: ___ Yes ___ No
 If yes, please: _____
8. List gross annual receipts from:
- a. Sale of Liquor \$_____ Wine & Beer only \$_____
- b. Sale of food and nonalcoholic beverage \$_____
- c. Sale of any other merchandise/services-specify \$_____
9. Gross Box Office: Admissions
 estimated next 12 months \$_____
 last calendar year \$_____
10. Please attach all Hold Harmless, indemnity and insurance clauses of your lease with your landlord or explain these provisions.
11. Explain prior property and liability claims (dates, type, amount) or confirm no claims in last three years.

12. **Estimated Annual Payroll:**
- Actors & Musicians: _____
- Other Production Personnel including stage managers, stage hands, ushers and box office _____
- Office/Administrative _____
- Other (please describe duties) _____

13. Current Liability Carrier and expiration date

Current Property Insurance Carrier and Expiration Date

Current Workers' Compensation Carrier and expiration date

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.

Coverage is not provided until receipt and acceptance of this application, including premium deposit and accredited appraisals where required, along with complete, detailed schedule of equipment/instruments to be covered, and a Binder or Certificate is issued by the Company. Schedule is to include full descriptions, serial numbers and full value of each item to be covered.

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

Application completed by:

Signed: _____ Date

Desired Effective Date:

Federal Employer ID # _____

Web-site address _____

Are you a member of ART/NY (YES ___) or Theatre LA (YES ___)?

Allen Financial Insurance Group
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Supplemental Safety Questionnaire (Complete 1 for each location)

Building #

Number of Stories: _____ Building age: _____ Your total area (Sq. feet):

Building Construction

Means of Egress

Emergency Lighting? _____ Yes _____ No
Describe power type:

Units located in public areas? _____ Yes _____ No

Units located in exit paths? _____ Yes _____ No

Is monthly testing conducted? _____ Yes _____ No

Enclosed Stairwell? _____ Yes _____ No

Are stairways doors self-closing? _____ Yes _____ No

Fire Escapes? _____ Yes _____ No

Exits maintained

free of obstruction? _____ Yes _____ No

Number of elevators? _____ Yes _____ No

Are all **seats** permanently installed? _____ Yes _____ No

If no, describe seating

Aisle Marking? _____ Yes _____ No

Are handrails provided? _____ Yes _____ No

Automatic Fire Detection: _____ Yes _____ No

Manual Fire Alarm? _____ Yes _____ No

Fire Alarms received at: _____ Local _____ Central Station _____ Police/Fire Dept.

Other Protection

Sprinkler _____ Yes _____ No

100% Protected: _____ Yes _____ No

If no, are Extinguishers put throughout space _____ Yes _____ No

Areas not protected:

Burglar Alarms received at: _____ Local _____ Central Station _____ Police/Fire Dept

Other Burglary Protection

Operating Features

Are emergency instructions posted? _____ Yes _____ No

Are employees instructed in emergency?

evaluation procedures? _____ Yes _____ No

Are employees instructed in handling

injuries to audience members? _____ Yes _____ No

Maximum Seating Capacity

Is seating capacity ever exceeded? _____ Yes _____ No