

## APPLICATION FOR: Theatrical Supplemental Application

## **SECTION I. GENERAL INFORMATION**

1. Contact Person:		Contact Person Title:
Phone No.:		Fax No.:
Email:		
2. Name of proposed Insured ("Applicant	"):	
Address:		
City, State, Zip:		
Website:		
SECTION II. REQUESTED INSUI	RANCE LIMITS	
1. GENERAL LIABILITY		
GENERAL AGGREGATE:	\$	-
PER OCCURRENCE:	\$	<u>-</u>
PERSONAL/ADVERTISING	\$	<u>-</u>
PRODUCTS/OPERATIONS	\$	-
FIRE DAMAGE:	\$	-
MEDICAL EXPENSE	\$	-
2. EXCESS:		
AGGREGATE LIMIT:	\$	<u>-</u>
EACH OCCURRENCE LIMIT:	\$	_
SECTION III. DESCRIPTION OF	RISK	
1. Brief description of production and sto	ry line. Also indicate if Drama, Comed	or Musical. If Musical, with Dancing?
2. Describe any and all special stunts and	d/or acrobatics or hazardous activity a	nd/or pyrotechnics or equipment:

If yes, please attach schedule.  IF TOURING, ATTACH COMPLETE ITENERARY INCLUDING TRAVEL DATE, NAME OF VENUE AND ESTIMATED ADMISSIONS OF APPLICABLE AND/OR PAYROLL.  5. Attach copies of insurance requirements of theater lease(s) (Theater Contracts).  Are you assuming liability for Audience/Spectators?  Attach copies of any other contract wherein you assume liability.  6. Are you responsible for parking areas, vendors or ticket collection?  7. Schedule    Date	3. Are Players: Employees of Production Company or		☐ Independent Contractors		
4. Name and Address of Theater:  a. Is show touring? If yes, please attach schedule. IF TOURING, ATTACH COMPLETE ITENERARY INCLUDING TRAVEL DATE, NAME OF VENUE AND ESTIMATED ADMISSIONS OF APPLICABLE ANDIOR PAYROLL.  5. Attach copies of insurance requirements of theater lease(s) (Theater Contracts).  Are you assuming liability for Audience/Spectators?  Attach copies of any other contract wherein you assume liability.  6. Are you responsible for parking areas, vendors or ticket collection?  7. Schedule    Date	Nature of St	unt(s):			
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7. Schedule    Date	Are you assi	uming liability for Audience/Spectators?		☐ Yes ☐ No	
Date	6. Are you respor	nsible for parking areas, vendors or ticket col	llection?	☐ Yes ☐ No	
Auditions Begin Rehearsal Begins First Public Performance Official Opening  Earliest date on which construction of set or costume creation begins:  Set/Scenery: Costumes/Wardrobe: Lighting Equipment: Musical Instruments: On separate sheet, list any antique, object of art, furs, jewelry, or precious stones and metals.  9. Operating Expenses: Average Weekly Expenses: Average Weekly Payroll in following categories: Actors, Entertainers and/or Musicians: All Other Production Employees (including Director, Stage Hands, Crew, Company Manager, Box Office): Clerical Office Employees: Other (please specify):  10. Attendance: Average per show: Number of Shows: Actors' Equity: Actors' Equity: Actors' Equity: Actors' Equity: AGMA: AGMA: Production Staff: AGVA:		I 5	I		
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First Public Performance   Official Opening					
Earliest date on which construction of set or costume creation begins:		•			
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Actors' Equity:         AGMA:           Production Staff:         AGVA:		Employees:	Average Number of Union Members:		
Production Staff: AGVA:			·		
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other officing the product specify.	Other Union/Guile				

12. Names of principal players/stars:		
Please attach all Acord applications to this supplemental applicati		
Signing this application does not bind the applicant to purchase the should a policy be issued. If any of the above questions have bee fact or circumstance concerning this insurance or the subject there	en answered fraudulently or ir	n a way as to conceal or misrepresent any material,
Date Signed:	Applicant Signature:	
Ву:	Title:	
Account Executive:		
Brokerage Firm:		
Address:		
		Telefax:

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