



# Entertainment Pro Insurance

Ph: 702-639-3997 / Fx: 702-639-3994  
email: sharon@ent-proins.com / www. ent-proins.com

## THEATRICAL SUPPLEMENTAL APPLICATION

Policy Number: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Outline of Insurance Requirement for the Production entitled: \_\_\_\_\_  
\_\_\_\_\_

4. Name of Production Company: \_\_\_\_\_  
\_\_\_\_\_

5. Form of Business:  Company     Limited Partnership     Corporation     Joint Venture

Other: Please Explain: \_\_\_\_\_  
\_\_\_\_\_

6. Names of General Partners, Officers of Corporation, Producers etc. Please indicate percentage ownership of each.

|       |   |       |   |       |
|-------|---|-------|---|-------|
| _____ | % | _____ | % | _____ |
| _____ | % | _____ | % | _____ |
| _____ | % | _____ | % | _____ |

7. Federal Employee Identification Number: \_\_\_\_\_

8. Mailing address of Insured: \_\_\_\_\_  
\_\_\_\_\_

9. Contacts:

General Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company Manager: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

10. Accountant Name, Telephone Number and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Brief Description of Production and Story line. Also indicate if Drama, Comedy or Musical. If Musical, with Dancing?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many shows / performances do you anticipate? \_\_\_\_\_

Largest expected attendance: \_\_\_\_\_ Smallest attendance: \_\_\_\_\_ Average attendance: \_\_\_\_\_

**THEATRICAL SUPPLEMENTAL APPLICATION (Cont'd)**

12. Describe any and all special stunts and/or acrobatics or hazardous activity and/or pyrotechnics or equipment: \_\_\_\_\_  
\_\_\_\_\_

13. Are Players  Employees of Production Company or  Independent Contractors

Nature of Stunt(s): \_\_\_\_\_

Safety Precaution(s): \_\_\_\_\_

14. Name and Address of Theater: \_\_\_\_\_  
\_\_\_\_\_

a. Is show touring?  Yes  No; If yes, please attach schedule.

IF TOURING, ATTACH COMPLETE ITENERARY INCLUDING TRAVEL DATE, NAME OF VENUE AND ESTIMATED ADMISSIONS OF APPLICABLE AND/OR PAYROLL.

15. Attach copies of insurance requirements of theater lease(s) (Theater Contracts).

Are you assuming liability for Audience/Spectators?  Yes  No

Attach copies of any other contract wherein you assume liability.

16. Are you responsible for parking areas, vendors or ticket collection? \_\_\_\_\_  
\_\_\_\_\_

17. Schedule

| Date  | Description              | Location |
|-------|--------------------------|----------|
| _____ | Auditions Begin          | _____    |
| _____ | Rehearsal Begins         | _____    |
| _____ | First Public Performance | _____    |
| _____ | Official Opening         | _____    |

Earliest Date on which construction of set or costume creation begins: \_\_\_\_\_

18. Theatrical Property Replacement Values:

Set/Scenery: \_\_\_\_\_ Props: \_\_\_\_\_

Costumes/wardrobe: \_\_\_\_\_ Mechanical Winches etc.: \_\_\_\_\_

Lighting Equipment: \_\_\_\_\_ Musical Instruments: \_\_\_\_\_

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

**THEATRICAL SUPPLEMENTAL APPLICATION (Cont'd)**

**19. Operating Expense**

Average Weekly Expenses: \_\_\_\_\_

Maximum Gross Weekly Potential: \_\_\_\_\_

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: \_\_\_\_\_

Press Agent: \_\_\_\_\_

Other (please specify): \_\_\_\_\_

**20. Employees**

Total Number of Employees: \_\_\_\_\_

Average Number of Union Members: \_\_\_\_\_

Actors Equity: \_\_\_\_\_ AGMA: \_\_\_\_\_

Production Staff: \_\_\_\_\_

AGVA: \_\_\_\_\_

Other Union/Guild (Please Specify): \_\_\_\_\_

**21. Names of principal players/stars:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**22. Checklist of Coverages. Please indicate desired limits.**

Theatrical Property Floater: \_\_\_\_\_

Actors' Equity Floater (Standard \$6,000 per member): \_\_\_\_\_

Business Interruption: \_\_\_\_\_

Real and Personal Property Care Custody or Control: \_\_\_\_\_

Hired and Auto: \_\_\_\_\_

Non Owned Hired Auto Liability: \_\_\_\_\_

General Liability (Standard \$1,000,000 – CSL): \_\_\_\_\_

Umbrella Liability: \_\_\_\_\_

Group Travel Accidental Death and Dismemberment: \_\_\_\_\_

Worker's Compensation (Statutory): \_\_\_\_\_

**THEATRICAL SUPPLEMENTAL APPLICATION (Cont'd)**

- Disability Benefits (Statutory): \_\_\_\_\_
- Non-Appearance due to:
  - a. Mechanical Breakdown of Conveyances \_\_\_\_\_
  - b. Severe Weather \_\_\_\_\_
  - c. Injury or illness to 1/3 of cast \_\_\_\_\_
  - \* Non-Appearance/Abandonment (Accident/Sickness of Star): \_\_\_\_\_
  - \* Errors and Omissions: \_\_\_\_\_
  - \* Separate applications necessary allowing 4 weeks prior to desired effective date.

Please attach all Acord applications to this supplemental application

Signing this application does not bind the applicant to purchase the insurance, but 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 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.

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

Applicant's Signature: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Account Executive: \_\_\_\_\_

Brokerage Firm: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Telex: \_\_\_\_\_ Telefax: \_\_\_\_\_