



MDP PROGRAMS

## General Liability Application Performing Artists

General Information							
First Named Insured							
Mailing Address		City		State		Zip	
Contact Person		Phone:				Fax:	
Web Address				Contact's E-Mail Address:			
Effective Date		Federal Tax I.D. #				Years in Business:	
Payroll				Sales/Receipts			
Description of Operations:							

Management/Ownership Information		
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Do you own your theatre space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you own the building, do you rent/loan it to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there emergency procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do local authorities require inspection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how often?
Is there a written security procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does management require Certificates of Insurance, with GL limits of at least \$1,000,000 from all Vendors, Suppliers and Contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does management require that all Vendors, Suppliers and Contractors be named as Additional Insureds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### General Liability Coverage – Requested Limits

Coverage	Limit
General Aggregate	\$
Products & Completed Operations	\$
Per Occurrence	\$
Personal & Advertising Injury	\$
Damage to Rented Premises	\$
Medical	\$
Hired & Non-Owned	\$
Liquor Liability	\$
Other :	\$

Do you operate a school or provide instruction to students? If yes, indicate the number of students in each age group annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you teach classes that are open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Annual Number of Classes	_____ 1 - 12      _____ 13 - 18      _____ 19 +
Estimated Annual Number of Students	
Are Background checks performed on instructors/teachers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Inland Marine Coverage

Coverage	Limit	Valuation	Deductible
Sound Equipment			
Lighting Equipment			
Fine Arts			
Theatrical Property			
Signs			
Other			

### Workers Compensation

Classification	Annual Payroll
8810 – Clerical Staff	
9154 – Theatrical Staff – Other (stage crew, management, sound, etc.)	
9156 – Theatrical Performer, Musician, Dancer, etc.	
Other Classification	
Officers/Owners to be Included/Excluded:	
Name/Title and Payroll	

**Umbrella**

Limit of Liability: \_\_\_\_\_

Contacts for Questions/Completed Applications:

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