



MDP PROGRAMS

## General Liability Application Theatres and Venues

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:	
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"/>	

Theatre Questionnaire – Complete if you own the Theatre
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How many performances occur annually? What is the estimated annual attendance?	# _____ # _____
What is the seating capacity of the theatre?	# _____
Is the building fully or partially sprinklered?	
Are aisles lighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the theatre equipped with emergency lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are exits lighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many exits are there?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Basic Coverage Detail**

Is there a refreshment or concession stand operated by you? If yes, what are the gross annual sales?	Yes <input type="checkbox"/> \$ _____ No <input type="checkbox"/>
Is cooking done on premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you serve alcohol? If yes, what are the gross annual sales?	Yes <input type="checkbox"/> \$ _____ No <input type="checkbox"/>
Do you currently have Directors and Officers Liability Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have volunteers? If yes, how many do you have annually?	Yes <input type="checkbox"/> # _____ No <input type="checkbox"/>
If facility is rented to others for events such as meetings, weddings or receptions, what is the annual income from these events?	\$ _____

**Inland Marine Coverage**

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

**Property Coverage**

<b>Location #</b>	<b>Building #</b>		City	State	Zip
<b>Location Address</b>	Year:	Construction:	Sq. Ft.	Stories:	Basement Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Updates</b>	<b>Roof</b>	<b>Electric/Wiring</b>	<b>Heating</b>	<b>Plumbing</b>	<b>Other:</b>
	Year:	Year:	Year:	Year:	Year:
	Materials:	Materials:	Materials:	Materials:	Materials:
<b>Boiler</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Distance to Fire Hydrant</b>	ft	<b>Fire Station</b>	miles <b>Sprinklered</b> %
<b>Fire Alarms</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Manufacturer:</b>		Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	
	<b>Smoke Detectors</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Fire Extinguishers</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>District Name:</b>
<b>Burglar Alarm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Manufacturer:</b>		Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	

**LIMITS**

Coverage	Limit	Co-Insurance	Valuation	Deductible	Special Conditions	Blanket Coverage Y/N
Building						
Business Personal Property						
Business Income with or w/out Extra Expense						

*If more than one location, please complete:*

**Property Coverage**

<b>Location #</b>	<b>Building #</b>						
<b>Location Address</b>			City			State	Zip
	Year:	Construction:		Sq. Ft.	Stories:	Basement Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Updates</b>	<b>Roof</b>		<b>Electric/Wiring</b>		<b>Heating</b>		<b>Plumbing</b>
	Year:		Year:		Year:		Year:
	Materials:		Materials:		Materials:		Materials:
<b>Boiler</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Distance to Fire Hydrant</b> ft		<b>Fire Station</b> miles		<b>Sprinklered</b> %
<b>Fire Alarms</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Manufacturer:</b>			Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	
	<b>Smoke Detectors</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Fire Extinguishers</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>District Name:</b>
<b>Burglar Alarm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Manufacturer:</b>			Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	

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<b>Location #</b>	<b>Building #</b>						
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	Year:		Year:		Year:		Year:
	Materials:		Materials:		Materials:		Materials:
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	<b>Smoke Detectors</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Fire Extinguishers</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>District Name:</b>
<b>Burglar Alarm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Manufacturer:</b>			Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	

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**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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