



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

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

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

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

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

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Building						
Business Personal Property						
Business Income with or w/out Extra Expense						

Property Coverage

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