



— MDP PROGRAMS —

## Workers Compensation Application

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:					

Workers Compensation
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Classification	Annual Payroll
<b>8810 – Clerical Staff</b>	
<b>9154 – Theatrical Staff – Other (stage crew, management, sound, etc.)</b>	
<b>9156 – Theatrical Performer, Musician, Dancer, etc.</b>	
<b>Other Classification</b>	
<b>Officers/Owners to be Included/Excluded:</b>	
<b>Name/Title and Payroll</b>	
<b>Number of Full-Time Staff:</b>	
<b>Number of Part-Time Staff:</b>	

Contacts for Questions/Completed Applications:

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