



General Liability Application Theatres and Venues

This is a supplemental questionnaire to the General Liability application.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND/OR YOUR ATTORNEY.

General Information

First Named Insured:			
Mailing Address:			
	Street Address	Apartment/Unit #	
	City	State	ZIP Code
Contact Person:			
Web Address:			
Email Address:			
Phone:		Fax:	
Years in Business:			
Effective Date:		Federal Tax ID:	
Description of Operations:			

Management/Ownership Information

1. Do you own your space?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If you own the building, do you rent/loan it to others?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there emergency procedures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Theatre Information

1. How many performances occur annually?	
2. What is the estimated annual attendance?	
3. What is the seating capacity of the theatre?	
4. Is the building fully or partially sprinklered?	<input type="checkbox"/> FULLLY <input type="checkbox"/> PARTIALLY
5. Are the aisles lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is the theatre equipped with emergency lighting?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are exits lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. How many exits are there?	

Basic Coverage Detail

1. Is there a refreshment or concession stand operated by you? If YES, what are the gross annual sales?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Is cooking done on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you serve alcohol? If YES, what are the gross annual sales?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you currently have Directors and Officers Liability insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have volunteers? If YES, how many do you have annually?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If the 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

Please fill out section for each location.

Location #:		Building #:	
Address:			
Year Built:		Construction:	
Square Footage:		Stories:	
Does the property have a basement?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the electric, plumbing, roofing and heating been updated?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what year and describe the update:	Electric:	Describe:	
	Plumbing:	Describe:	
	Roof:	Describe:	
	Heating:	Describe:	
Boiler:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Distance to Fire Hydrant:		Fire Station:	
District Name:			
% Sprinklered:			
Fire Alarms:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Manufacturer:
Fire Alarms:	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong		
Smoke Detectors:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Fire Extinguishers: <input type="checkbox"/> YES <input type="checkbox"/> NO
Burglar Alarm:	<input type="checkbox"/> YES <input type="checkbox"/> NO		Manufacturer:
Burglar Alarm:	<input type="checkbox"/> Central Station <input type="checkbox"/> Local Gong		

Limits

Coverage	Limit	Co-Insurance	Valuation	Deductible	Special Conditions	Blanket Coverage Y/N
Building						

Business Personal Property						
Business Income with or without Extra Expense						

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

Umbrella
Limit of Liability: _____

Contact for questions/completed applications:

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