



# Application for Theatrical Equipment/Performing Arts

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:	
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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:			

## Inland Marine Coverage

Coverage	Limit	Deductible
Sound Equipment		
Lighting Equipment		
Camera Equipment		
Props/Sets/Scenery/Costumes		
Business Interruption/Loss of Use		
Other:		

Contact for questions/completed applications:  Meghan Coleman 410-547-3183 <a href="mailto:info@artsinsuranceprogram.com">info@artsinsuranceprogram.com</a>
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