



THEATRICAL PRODUCTION APPLICATION

General Information:

1. Name of Production Company (Applicant): _____

2. Mailing Address: _____

Theatre Address: _____

Rehearsal Address: _____

Other Location(s): _____

3. Performance Date(s): _____

(If more than one show location and/or date, please attach a schedule of all locations and dates)

4. Web Site(s): _____

5. Contact Name: _____ Title: _____

6. Applicant is: Individual Corporation Partnership Other: _____

If Corporation, list names of Officers:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Current/Most Recent Coverage Information

Insurance Company: _____ Dates of Coverage: _____

Any losses in the past five years? Yes No **If Yes, Attach Loss Record for the Past Five Years**

Has any form of Insurance ever been cancelled/declined? Yes No If Yes, please provide details: _____

Requested Effective Date: _____ Expiry Date: _____

Operating Information

1. Producer: _____ General Manager: _____

Director: _____ Choreographer: _____

Please attach Resumes of Producer and Director

2. Number of years in operation: _____ with current management: _____

3. Experience of: # Years with this company Examples:

Applicant: _____

General Manager: _____

Choreographer: _____

4. Indicate number of production staff who are members of:

a) Actors Equity Association: _____ b) Other Union: _____ c) Non-Union: _____

5. For inspection, contact: _____ Telephone Number: _____
6. a. Where will records be kept for audit: _____
 b. Name and telephone of person to contact: _____
7. Estimated Annual Attendance: _____ Annual Budget: _____
8. Price of Admission: _____ Estimated Gross Receipts: _____
9. Estimated Payroll: _____ Number of Employees: _____
10. Number of Volunteers: _____
11. Are Ushers used? Yes No If Yes, who is providing, Applicant or Other (name)? _____
12. Describe Security (per shift/total): _____
 Who is responsible for providing Security (name)? _____
 If Applicant, is Security provided by employees or an outside security firm? _____
 If Other than Applicant, is Certificate of Insurance provided? Yes No
 Limit: _____ Insurer: _____
 Is Applicant named as Additional Insured thereon? Yes No
 Is Security (provided by Applicant or other) armed or unarmed? _____
13. Is Video Surveillance used: Indoors Outdoors Describe: _____
14. Will there be any food or refreshment sold on premises? Yes No If Yes Describe:

15. Who is providing food and/or drink, Applicant or other (name)? _____
 If other than Applicant, is Certificate of Insurance Provided? Yes No
 Limit: _____ Insurer: _____
 Is Applicant named as Additional Insured thereon? Yes No
16. Are there Cooking Facilities on the premises? Yes No If Yes Describe: _____
 What types of Fire Protection is present? _____
17. Is there a Liquor Exposure? Yes No **If Yes, please attach Supplementary Liquor Liability Application**
 If Yes, is there a Liquor Legal Liability Policy in force to cover same? Yes No
 Limit: _____ Insurer: _____
 Is Certificate of Insurance provided? Yes No
18. Are any locations ever rented out to others? Yes No If Yes, Explain: _____

19. Do you hold special events or fundraisers? Yes No If Yes, Explain: _____

20. Do you teach classes or seminars? Yes No If Yes, Explain: _____

Number of Participants: _____ Age Range: _____

21. Describe in detail any contingent plans made by the applicant in the event there is loss of or damage to any property or facilities to be used in connection with the insured performance: _____

22. What substitute theatre or facilities might be immediately available? _____

23. Maximum time needed to reconstruct destroyed sets or scenery: _____

24. Describe safety measures and risk management plans in force (i.e. parking, crowd control, evacuation procedures)?

25. Describe maintenance/inspection of facilities prior to performances: _____

26. Are curbs, steps, ledges highlighted? Yes No

27. Are the exits clearly marked? Yes No

28. Are stairways and emergency egress routes equipped with emergency lighting? Yes No

29. Is there an emergency evacuation plan established for the facility? Yes No **If Yes, please attach a copy**

30. Is there a back-up generator or other power supply in an emergency? Yes No

31. Are floors and stairwells checked daily and maintained regularly? Yes No

32. Are all floor surfaces in the facility of a non-skid/non-slip surface? Yes No If No, explain:

33. Are tables and chairs in good condition and subject to regular inspection and repair? Yes No

34. Please state the frequency of washroom checks/maintenance: _____

35. Distance to Nearest Hospital: _____

Production Information (attach separate sheet if needed)

1. Title:	Number of:			Seats Available	Any dancing, stunts, special equipment, etc.?
	Performances	Cast	Crew		
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include a copy of each script

2. Describe all special stunts, acrobatics, dancing, skating, scenes involving animals, dinner theatre, audience interaction, stage combat, pyrotechnics, objects thrown into crowd during show, or special equipment needed:

3. Production Schedule Dates:

Auditions Start: _____ Payroll Starts: _____

Rehearsals Start: _____ Theatrical License Effective: _____

Previews Start: _____ Construction of Sets Starts: _____

1st Performance: _____ Costume Construction Starts: _____

4. If production is touring, please complete the following:

a) Number of Performers: _____

b) Means of Transportation of Performers: _____

c) Means of Transportation of Property: _____

d) Tour Schedule (dates and cities) _____

5. Are there any owned or long-term hired vehicles including buses and trucks? Yes No If Yes, Explain:

Desired Coverages and Limits:

Limit of Liability

Deductible

Commercial General Liability: _____

Theatrical Property: _____

Extra Expense: _____

Equity Floater (Number of members x \$6,000): _____

Catastrophe Accident:

A. Mechanical Breakdown of Conveyances: _____

B. Severe Weather: _____

C. Injury or Illness to 1/3 of Cast: _____

Money & Securities Floater: _____

Office Contents: _____

Non-Owned Auto: Limit: _____ Average Auto Value: _____ Estimated # of Days Rented: _____

Calculation of Extra Expense Limit

Weekly: Payroll: _____ Equipment and Property Rental: _____

Advertising: _____ Theatre Rental: _____

Office Overhead: _____ Profit (Optional): _____

Money & Securities Broad Form Office Contents Section

1. What is the maximum amount of cash on hand daily? _____ Weekly: _____

2. How is cash taken between bank and theatre? _____ Frequency: _____

3. How is cash safeguarded on premises/theatre? _____
4. Who has access to cash? (names and titles) _____

5. How are valuable papers stored? _____ Is storage fireproof? Yes No Alarmed? Yes No
6. Construction of building where office contents are kept: _____
7. Number of stories: _____ Age: _____
8. Indicate year of building updates: Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____
9. List any other updates which have been done: _____
10. Burglar Alarm? Yes No If Yes, what type: Central Monitoring Local ULC Certified
11. Are all doors equipped with double cylinder deadbolt locks? Yes No If No please describe protection:

12. Describe any other protection against fire and/or theft: _____
13. Is there a Safe on the premises? Yes No If Yes please specify type/class: _____
14. Average amount of cash on the premises: _____ Maximum amount: _____
15. Is the property: Privately Owned Rented **If Rented, Please attach a copy of the Lease Agreement**
16. Are fire extinguishers easily accessible in all buildings? Yes No How often are they checked? _____
17. Are hydrants and hoses strategically located and accessible? Yes No
18. Effective Dates: Money & Securities From: _____ To: _____
Office Contents From: _____ To: _____

Property Information

1. Estimated Property Values at Completion:

Sets, Scenery, Props: _____	Musical Instruments: _____
Wardrobe Costumes: _____	Winches & Other Computer Technology: _____
Sound Equipment: _____	Furs/Jewelry Valued over \$1,000 (Itemize Separately): _____
Lighting Equipment: _____	Antiques/Objects of Art (Itemize Separately): _____
Electronic Switchboard Computers: _____	Film/Slide Projection Equipment: _____
Other (describe): _____	Other: _____
2. Number of Stories: _____ Age: _____
3. Indicate year of building updates: Electrical: _____ Plumbing: _____ Heating/AC: _____ Roof: _____
4. List any other updates which have been done: _____
5. Construction of Walls: _____ Roof: _____ Are there bars on: windows doors
6. Burglar Alarm? Yes No If Yes, what type: Central Monitoring Local ULC Certified
7. Are all doors equipped with double cylinder deadbolt locks? Yes No If No please describe protection:

8. Describe any other protection against fire and/or theft: _____

9. Are fire extinguishers easily accessible in all buildings? Yes No
 How often are they checked? _____
 Are hydrants and hoses strategically located and accessible? Yes No
10. Are all areas of the premises well lit, including audience areas and parking lots? Yes No
11. Is Lighting permanent or temporary? _____
 If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____
 If Other than Applicant, is Certificate of Insurance provided? Yes No
 Limit: _____ Insurer: _____
12. If a Stage is involved, is it a Permanent or Temporary Stage? _____
 If Temporary, who is responsible for set up of same, Applicant or Other (name)? _____
 If Other than Applicant, is Certificate of Insurance provided? Yes No
 Limit: _____ Insurer: _____
13. Describe any temporary structures not previously listed: _____
 Who is responsible for set up of same, Applicant or Other (name)? _____
 If Other than Applicant, is Certificate of Insurance provided? Yes No
 Limit: _____ Insurer: _____
14. Any props or costumes valued in excess of \$25,000? Yes No If Yes, Explain: _____

15. Loss, if any, is payable to: _____

Annual Gross Receipts: Please list previous year gross receipts from:

Food: _____ Liquor: _____ Admissions: _____
 Special Events/
 Parking: _____ Classes: _____ Fundraising: _____

If there is other revenue, please describe: _____

Please list the organizations that require a Certificate of Insurance from you (As they are to appear on the policy)

	NAME	ADDRESS	RELATIONSHIP TO YOU*
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

* If the additional insured is an owner, manager or lessor of the premises, please indicate the name and street address of the premises leased or rented to you by the designated additional insured, as respects to your activity or operation.

Please attach the following information to this application:

- Loss Runs for the previous five years
- Copies of all Lease and Hold Harmless Agreements
- Copy of Brochure or other Advertising/Promotional Material
- Copies of Scripts used
- Resume of Producer and Director

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- (a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- (b) The signing and filing of this Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response hereto.
- (c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- (d) Applicant understands that the Deductible under any Policy to be issued in response hereto shall include both loss payment and claim expenses as defined in the Policy.
- (e) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

This Application shall be attached to and become a part of any Policy, should a Policy be issued as a result of this Application, which shall then be deemed a Schedule to such Policy as well, but the signing hereunder does not bind the Applicant or the Insurer to complete the Insurance unless and until a Policy of Insurance is issued in response to this Application.

Applicant Signature: _____ Date: _____
(Authorized Signature)
Title: _____ Phone: _____
Agent/Broker: _____ Phone: _____
Broker Address: _____