3660 N Lake Shore Dr, Suite 2602, Chicago 60613

Performing Arts Insurance Application

General Information

Named Insured:	
Entity Type:	
Country of Residence:	
Country of Registration:	
Primary Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Years Under Present Management:	
Federal ID / Social Security Number:	
Description of Operations:	
Number of Performances per Year:	
Any performances outside the U.S.?	
List any other names your group is known by:	
Operates year-round or part-time?	

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Activities:

	Performances: Y / N	Instruction: Y / N
Music–Instrumental:		
Music–Vocal:		
Theatres–Play:		
Theatres–Opera:		
Dance:		

Describe Typical Performances:

Estimated number in attendance at each performance:

Largest:	Smallest:	Average:

Please indicate the percentage of time you book the following venues:

Clubs:	
Schools:	
Churches:	
Open Air Amphitheaters:	
Auditoriums:	
Arenas/Stadiums:	
Other (Specify):	

Please specify who has responsibility for the following regarding performances:

	Venue:	Insured:	Sub-contractor:	Payroll:
Musicians				$
Performers				$
Stage set-up / tear down				$
Lighting / Sound				$
Pyrotechnics				$
Ticket sales				$
Liquor				$
Parking				$
Security				$
Seating				$

Any performing arts camps or classes? Yes / No	

Do you want Abuse and Molestation Coverage? Yes / No	

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If you have an office location, provide the following details:

Office Location Details

Type of Construction:	
Year Built:	
If older than 15 years, year of most recent update to: Wiring Heating Plumbing Roofing	
Total Area of building (square feet):	
% of Building Square Footage Occupied by Applicant:	
Number of Employees at Location:	
Number of Stories:	
Other Building Occupants by Type (residential, office, retail, manufacturing…):	
Sprinklered?:	
Square Footage of Building that is Unoccupied / Vacant:	
Burglar alarm company, if any:	

If you have a regular rehearsal location, provide the following details:

Rehearsal Location Details

Type of Construction:	
Year Built:	
If older than 15 years, year of most recent update to: Wiring Heating Plumbing Roofing	
Total Area of building (square feet):	
% of Building Square Footage Occupied by Applicant:	
Number of Employees at Location:	
Number of Stories:	
Other Building Occupants by Type (residential, office, retail, manufacturing…):	
Sprinklered?:	
Square Footage of Building that is Unoccupied / Vacant:	
Burglar alarm company, if any:	

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If you have a regular performance location, provide the following details:

Performance Location Building Details

Type of Construction:	
Year Built:	
If older than 15 years, year of most recent update to: Wiring Heating Plumbing Roofing	
Total Area of building (square feet):	
% of Building Square Footage Occupied by Applicant:	
Number of Employees at Location:	
Number of Stories:	
Other Building Occupants by Type (residential, office, retail, manufacturing…):	
Sprinklered?:	
Square Footage of Building that is Unoccupied / Vacant:	
Burglar alarm company, if any:	

Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?.	
If yes provide details:	
Any losses in the past 3 years? If yes, provide details below.	

Policy / Line	Date of Loss	Description of Loss	Amount of Loss

	Yes / No
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Carrier	Policy #	Expiration Date	Premium

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Coverages:

Effective ___/___/____

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A
Waiver of Subrogation (Include or Exclude)		N/A

Automobile*

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A
Waiver of Subrogation (Include or Exclude)		N/A
Hired & Non-Owned Auto Physical Damage per Vehicle		
Hired & Non-Owned Auto Physical Damage Aggregate		

If you requested Hired & Non-Owned Auto coverage, please complete the following:

Cost of hire (rental)	
Loaned / Donated Vehicles # of days	

Workers Compensation**

Coverage	Include/ Exclude	Deductible
Statutory Limits (Include or Exclude)		N/A
All States Endorsement (Include or Exclude)		N/A
Waiver of Subrogation (Include or Exclude)		N/A

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Compensation (pay)	$

Inland Marine

Coverage	Limit	Deductible
Rented Equipment (Camera, Lighting, Sound, …)*		
Rented Props, Sets, Wardrobe*		
Owned Equipment, Props, Sets, Wardrobe		
Business Income & Extra Expense		
Business Personal Property (Contents)		
Rental Cost Reimbursement		
Electronic Data Processing (Computers)		

Excess Liability

Coverage	Limit	Deductible
Occurrence Limit		N/A
Aggregate Limit		N/A

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Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

Any policies quoted based on this application will NOT cover the content or Media Liability of your production. Please request an Errors & Omissions application if you need this type of coverage.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature:_____ Date:_____