



PERFORMING ARTS INSURANCE Application

P.O. Box 2009, Glen Allen, VA 23058-2009
800-900-1155 Fax: 804-273-6144
healthandfitness@markelcorp.com

Section I – General Information

Legal Name of Business: _____

Key Contact Name: _____ E-mail: _____

Contact Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Number of years in business _____ Web site: _____

Federal Tax ID Number _____

Section II – Business Information

Organization Type: a) Corporation Individual LLC Partnership

b) For-profit Nonprofit 501c3

Please indicate liability limit requested: \$500,000 \$1,000,000

Please indicate the desired effective date: ____/____/____
month / day / year

1. Please list other names by which your group is known: _____

2. What is your principal activity?

Performances

- Music – Instrumental/ Vocal
- Theatre – Plays/Operas
- Dance
- Other: _____

Instruction

- Music – Instrumental/ Vocal
- Theatre – Plays/Operas
- Dance
- Other: _____

Note: Please attach copies of all promotional materials.

3. Does your group tour? Yes No (If Yes, please complete a Travel/Tournaments/Camps & Competitions supplement.) Coverage does not extend internationally.

Section III - Insurance Information

4. Are you currently insured? Yes No

a. Annual Premium: \$ _____

b. Current Insurance Company Name (not agency): _____

5. Have you had a liability, property or medical claim in the last 5 years? Yes No

If Yes, please complete the following:

Date of Loss	Type of Loss (Acc. Med, Liability)	Description of Loss	Amount of Loss
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

6. Has similar insurance been canceled or declined in the last 5 years? Yes No

If Yes, explain: _____

Section IV -Eligibility Information

7. Is at least one manager, employee or volunteer trained in CPR/ First Aid present at all activities? Yes No

8. Are alcoholic beverages served during activities? Yes No

9. Do you charge for alcoholic beverages? Yes No

10. Is a liquor or beer/wine license required? Yes No Have you obtained? Yes No

11. Do all bartenders complete *Training for Intervention Procedures by Servers of Alcohol* (TIPS) training? Yes No

12. Are you an independent promoter or producer? Yes No

If Yes, explain: _____

13. Do you provide permanent or temporary housing for staff, performers, etc.? Yes No

14. Are any of your dancers or performers members of Actors' Equity? Yes No

Section V - Employee Information

15. Number of staff members who are:

Full time Employees:	_____
Part time Employees:	_____
Independent Contractors:	_____
Volunteers:	_____

16. Number of years experience of the Director/Producer: _____ Number of Board Members: _____

17. Do you currently have Directors/Officers Liability Insurance? Yes No

18. Would you like us to quote Directors and Officers Liability? Yes No

Section VI: Location and Census Information

Location Information Section

(a) If premises is Leased mark "L" if owned mark "O"

(b) If premises is for Performances mark "P", if Storage mark "S" and if office space mark "O" and if

rehearsal space only mark "R".
 (c) If venue is indoor mark "I" or mark "O" for an outdoor venue.

Locations	(a) Leased "L" or Owned "O"	(b) Performances "P" Storage "S" Office "O" Rehearsal Only "R"	Location Address	(c) Indoor "I" or Outdoor "O"	Other Occupants.
1					
2					
3					
4					
5					
6					
7					
8					

Note: *If Personal Property is at a borrowed or leased location the theft of your property will only be covered if the items have been in a locked and secured location and forced entry is established.*

19. Maximum number of: Total # of students for instructional purposes: _____

Maximum Participants in the performing group: _____

20. Do you lease premises for performances? Yes No

If Yes: a) Are you responsible for these premises during your performances? Yes No

b) Do you hold the owner of the premises harmless? Yes No

If yes, please submit a copy of the hold harmless.

21. Total annual admissions? _____

22. List any other activities you engage in with the number of participants for each:

Camps: _____ participants **(For activities other than theatre, please complete our Travel/Tournaments, Camps & Competitions Supplement.)**

Community Service: _____ participants

Outreach Programs _____ participants

Instruction: No. of classes? _____ Number of students per class? _____

Maximum student in the instructional classes: _____

Age range of students? _____ # of days per week? _____

Type of Class? _____ Who teaches classes? _____

What is the teacher's experience? _____

Special Events: Number per year _____ Are they multiple day events? Yes No

Number of participants per event? _____

Other: _____ # of participants: _____

Section VII - Financial Information

23. Indicate the business's annual gross revenues for the following:

Admissions: \$ _____

Refreshment \$ _____

Alcoholic Beverages \$ _____

Donations: \$ _____

Public funding: \$ _____
 Rent from others for use of facilities: \$ _____
 Products sold: \$ _____ (Please attach a list of products sold.)
 Other Sources: _____ \$ _____
 Total Annual Gross Revenue: \$ _____
 ANNUAL BUDGET \$ _____

Section VIII - Safety/ Activities Information

24. Does the theatre group own vehicles? Yes No
25. Do employees use their own vehicles on your behalf, or do you own vehicles that transport participants? Yes No
26. Are certificates of insurance required of employee drivers with minimum limits of \$300,000? Yes No
27. Do you rent/loan/donate the use of your equipment, sets, costumes & props to others? Yes No

Please explain: _____

28. Do you rent out or let others use your premises? Yes No
 If yes, to whom _____

Note: If yes, you must obtain Certificates of Insurance with minimum limits of \$1 million, naming you as an additional insured.

Note: Policy will not cover others who rent your facility-you may be able to purchase additional coverage at the time of each rental.

29. Do you install your own scenery and backdrops? Yes No
 If No, who does? _____

30. Do you request Certificates of Insurance from Independent Contractors? Yes No
31. Any construction of scenery, backdrops, stages over 3 stories in height and/or use of bulldozers, backhoes, excavators or cranes? Yes No
32. Any performances with aerial acts? Yes No
33. Are animals used for any performance? Yes No
 If yes, what type? _____
34. Are there any special effects that include pyrotechnics/fireworks? Yes No
35. Is an emergency evacuation plan in place for practice locations and performance locations? Yes No
36. Are all of your performance locations protected by smoke alarms? Yes No
37. Does someone over age 21 manage the safe use and security of all performance areas? Yes No
38. Do you inspect all venues for safety prior to every show? Yes No Number of Exits: _____
39. Do all exit doors have a lighted EXIT sign? Yes No
40. Do all exit doors have Panic (push bar) Bar Hardware? Yes No
41. Is there Emergency Lighting in case of power failure? Yes No
42. Do you allow seating once a performance has begun? Yes No
43. Is there aisle lighting? Yes No

44. Do you have Ushers? Yes No
45. Do Ushers use flashlights to aid in seating? Yes No
46. Do you have incident reports? Yes No
47. Are ushers trained on incident reporting? Yes No
48. Is there a clear, lighted path to and from stage for performers? Yes No

Section IX – Property

Property coverage will be quoted with \$1,000 deductible and 90% co-insurance unless other wise instructed. **NOTE: The information below will be completed for the building you own, or where the majority of your business property is kept.**

Location	Building Limit	Business Personal Property Limit	"F" Frame; "B" Brick; "M" Metal; "C" Concrete & Steel; "O" Other; Construction	Year Built	# of Stories	Total Building Square Footage	Your Square Footage	"Y" Yes sprinklered or "N" Not Sprinklered
1								
2								
3								
4								
5								
6								
7								
8								

49. Do you occupy any buildings that are more than 20 years old? Yes No

If yes, list year updates were done for the following:

Location	Wiring	Year of Roof	Type of Roof	Plumbing	Heating
1					
2					
3					
4					
5					
6					
7					
8					

50. If renovated give location number, and what was the building previously used for? _____
51. Distance to fire station _____ Distance to fire hydrant in feet _____
52. If responsible for property of others state approximate value. _____
53. If you have consigned property, state value and type of items. _____
54. If any fine arts or collectibles, please describe and provide estimated values: _____

55. Do all locations have:

Fire Alarms Yes No Fire Extinguishers Yes No

Fire Hoses Yes No Smoke detectors Yes No

Burglar Alarm Yes No

56. Is there cooking on premises? Yes No If yes explain _____

Mortgagees/Additional Insured/Loss Payee

"M" Mortgage Co; "A" Additional Insured; "L" Loss Payee	Location #	Name	Address

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____

How did you hear about us? (Check one) Previously Insured with Markel
 Magazine Ad (specify): _____ Referred by: _____
 Web site/search engine: _____ Other (specify): _____



Additional coverage is available. If you would like a quote on the following call us at 800-900-1155 or your insurance agent. Insurance agents may submit ACORD applications for this coverage.

- | Coverage | Please send me an application: |
|---|--|
| <input type="checkbox"/> Umbrella Liability | <input type="checkbox"/> Excess Accident Medical |
| <input type="checkbox"/> Non Owned /Hired Car | <input type="checkbox"/> Crime |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Computers & Laptops (EDP) |
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Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- Copies of all promotional materials