



# PERFORMING ARTS INSURANCE Application

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

Bruce Kay/License # A137679

## 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: \_\_\_\_\_  
\_\_\_\_\_

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### 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

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### 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

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### 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: \_\_\_\_\_

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### 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:	
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) <input type="checkbox"/>

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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