



APPLICATION FOR: **Theatrical Supplemental Application**

SECTION I. GENERAL INFORMATION

1. Contact Person: _____ Contact Person Title: _____

Phone No.: _____ Fax No.: _____

Email: _____

2. Name of proposed Insured ("Applicant"): _____

Address: _____

City, State, Zip: _____

Website: _____

SECTION II. REQUESTED INSURANCE LIMITS

1. GENERAL LIABILITY

GENERAL AGGREGATE: \$ _____

PER OCCURRENCE: \$ _____

PERSONAL/ADVERTISING \$ _____

PRODUCTS/OPERATIONS \$ _____

FIRE DAMAGE: \$ _____

MEDICAL EXPENSE \$ _____

2. EXCESS:

AGGREGATE LIMIT: \$ _____

EACH OCCURRENCE LIMIT: \$ _____

SECTION III. DESCRIPTION OF RISK

1. Brief description of production and story line. Also indicate if Drama, Comedy or Musical. If Musical, with Dancing? _____

2. Describe any and all special stunts and/or acrobatics or hazardous activity and/or pyrotechnics or equipment: _____

3. Are Players: Employees of Production Company or Independent Contractors

Nature of Stunt(s): _____

Safety Precaution(s): _____

4. Name and Address of Theater: _____

a. Is show touring? Yes No

If yes, please attach schedule.

IF TOURING, ATTACH COMPLETE ITENERARY INCLUDING TRAVEL DATE, NAME OF VENUE AND ESTIMATED ADMISSIONS OF APPLICABLE AND/OR PAYROLL.

5. Attach copies of insurance requirements of theater lease(s) (Theater Contracts).

Are you assuming liability for Audience/Spectators?

Yes No

Attach copies of any other contract wherein you assume liability.

6. Are you responsible for parking areas, vendors or ticket collection?

Yes No

7. Schedule

| Date | Description | Location |
|------|--------------------------|----------|
| | Auditions Begin | |
| | Rehearsal Begins | |
| | First Public Performance | |
| | Official Opening | |

Earliest date on which construction of set or costume creation begins: _____

8. Theatrical Property Replacement Values:

Set/Scenery: _____

Props: _____

Costumes/Wardrobe: _____

Mechanical Winches, etc.: _____

Lighting Equipment: _____

Musical Instruments: _____

On separate sheet, list any antique, object of art, furs, jewelry, or precious stones and metals.

9. Operating Expenses:

Average Weekly Expenses: _____

Maximum Gross Weekly Potential: _____

Average Weekly Payroll in following categories:

Actors, Entertainers and/or Musicians: _____

All Other Production Employees (including Director, Stage Hands, Crew, Company Manager, Box Office): _____

Clerical Office Employees: _____

Press Agent: _____

Other (please specify): _____

10. **Attendance:** Average per show: _____

Number of shows: _____

11. Employees:

Total Number of Employees: _____

Average Number of Union Members: _____

Actors' Equity: _____

AGMA: _____

Production Staff: _____

AGVA: _____

Other Union/Guild (please specify): _____

12. Names of principal players/stars:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please attach all Acord applications to this supplemental application.

Signing this application does not bind the applicant to purchase the insurance, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in 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.

Date Signed: _____ Applicant Signature: _____

By: _____ Title: _____

Account Executive: _____

Brokerage Firm: _____

Address: _____

Phone: _____ Telex: _____ Telefax: _____

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