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# Performing Arts Insurance Application

(A separate application is required for each location.)

## Section I – General Information

Name, as it should appear on the policy: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Web site: \_\_\_\_\_

## Section II – Business Information

Organization Type: a)  Corporation     Individual     LLC     Organization     Partnership  
 b)  For profit     Non profit

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

Please indicate the desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Would you like Accident Medical Coverage?  
month / day / year     Yes     No

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Do you own or rent facility?     Own     Rent    If private residence, check here:

If renting, Landlord Name: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

Duration of lease:     Less than 1 year     1 year or more

2. Number of years under current management: \_\_\_\_\_

3. Square footage of facility: \_\_\_\_\_

4. Please list other names by which your group is known: \_\_\_\_\_

\_\_\_\_\_

5. Does this group operate:     Full time     Part time

6. What is your principal activity?

**Performances**

- Music – Instrumental
- Music – Vocal
- Theatre – Plays
- Theatre – Operas
- Dance
- Other: \_\_\_\_\_

**Instruction**

- Music – Instrumental
- Music - Vocal
- Theatre – Plays
- Theatre – Operas
- Dance
- Other: \_\_\_\_\_

**Note: Please attach copies of all promotional materials.**

7. Does your group tour?  Yes  No  
(If Yes, please complete a Travel/Tournaments/Camps & Competitions supplement.)

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**Section III - Insurance Information**

8. Is facility currently insured?  Yes  No Annual Premium: \$ \_\_\_\_\_  
Insurance Company Name (not agency): \_\_\_\_\_
9. Has a liability or medical claim been made in the last 5 years?  Yes  No

**If Yes:**

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

10. 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**

11. Is there at least one manager, employee or volunteer trained in CPR/ First Aid?  Yes  No
12. Do you serve alcoholic beverages at performances?  Yes  No
13. Are all premises where performances are given protected by smoke alarms?  Yes  No
14. Are all premises equipped with lighted exit signs?  Yes  No
15. Does someone over age 21 manage the safe use and security of all performance areas?  Yes  No
16. Are you an independent promoter or producer?  Yes  No  
If Yes, explain: \_\_\_\_\_
17. Do you provide permanent or temporary housing for staff, performers, etc.?  Yes  No
18. Are there any paid professional dancers or performers?  Yes  No

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**Section V - Employee Information**

19. Number of staff members who are: Employees: \_\_\_\_\_ Independent Contractors: \_\_\_\_\_ Volunteers: \_\_\_\_\_
20. Number of years experience of the Director: \_\_\_\_\_

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**Section VI - Census Information**

21. Maximum number of: a) Students for instructional purposes: \_\_\_\_\_

b) Participants in the group: \_\_\_\_\_

22. Indicate the performances planned and seating capacity of the location:

Location	# of Performances at location	Seating Capacity	Indoor	Outdoor
a. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

23. 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

24. 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
- Other Instruction: \_\_\_\_\_ participants
- Other: \_\_\_\_\_ # of participants: \_\_\_\_\_

### Section VII - Financial Information

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

- Admissions: \$ \_\_\_\_\_
- Alcoholic beverages: \$ \_\_\_\_\_ **(Note: Liquor Liability coverage is not available.)**
- 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: \$ \_\_\_\_\_**

26. What is the average ticket price per performance: \$ \_\_\_\_\_

### Section VIII - Safety/ Activities Information

27. Do participants use their own vehicles on your behalf, or do you own vehicles that transport participants?

Yes  No

**IF YES, PLEASE NOTE: Auto exposures are not covered under Markel's policy. Auto coverage is recommended and should be obtained elsewhere.**

28. Do you rent out or let others use your premises?  Yes  No

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. Is an emergency evacuation plan in place for practice locations and performance locations?  Yes  No
32. Do you inspect all venues for safety prior to every show?  Yes  No
33. Is there a clear, lighted exit way for performers exiting stage?  Yes  No
34. Do you allow seating once performance has begun?  Yes  No
- If Yes: a) Is there aisle lighting?  Yes  No
- b) Do you use ushers with lights?  Yes  No

**Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? (Check one)

Magazine Ad (specify): \_\_\_\_\_

Web site/search engine: \_\_\_\_\_

Previously Insured with Markel

Referred by: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Agency Information**

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional coverages are available.** If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. For faster service, call us at 800-900-1155. Insurance agents may submit ACORD applications for these coverages.

**Coverage Please send me an application:**

Property:

Building

Contents/Equipment

Sign

Crime

Business Income

Umbrella Liability

**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