



THEATRICAL PROPERTY APPLICATION

Applicant's Name: _____ Agency Name: _____
 _____ Agent No.: _____
 Mailing Address: _____ Address: _____

 Location Address: _____ E-mail: _____
 _____ Phone No.: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ **12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

Website Address: _____ **Phone No.:** _____
E-mail Address: _____

Description of Production and Limits of Insurance:

Indicate type of production and limits of insurance.

| Description of Production | Limit of Insurance |
|---------------------------|--------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

- Applicant's Business:** _____ **Years in Business:** _____
- Inspection Contact Name:** _____
E-mail Address: _____ **Phone No.:** _____
- Has applicant declared bankruptcy or been in receivership within the past five years?** Yes No
 If yes, provide date(s): _____
- Title of production:** _____

5. **Type of production:** Drama Comedy Musical Other: _____

Storyline: _____

Dancing?..... Yes No

Number of Performers:

6. **Describe any and all dancing, special stunts, skating, acrobatics, hazardous activity, scenes involving animals or special equipment needed (e.g., pyrotechnics):** _____

7. **If production is touring, what is the means of transporting the property (e.g., props, costumes, lighting, etc.)?**

8. **Estimated Values at Completion:**

| | Owned | Rented | Totals |
|---------------------------------------|-------|--------|--------|
| Camera Equipment | \$ | \$ | \$ |
| Electronic Switchboard/Computers | \$ | \$ | \$ |
| Lighting Equipment | \$ | \$ | \$ |
| Musical Instruments/Band Equipment | \$ | \$ | \$ |
| Scenery/Props | \$ | \$ | \$ |
| Sound Equipment | \$ | \$ | \$ |
| Wardrobe/Costumes | \$ | \$ | \$ |
| Winches and Other Computer Technology | \$ | \$ | \$ |
| Other: _____ | \$ | \$ | \$ |

9. **Any props or costumes valued in excess of \$25,000?**..... Yes No

If yes, explain: _____

10. **How is property protected (e.g., fire fighting equipment, watchmen, etc.)?** _____

11. **During the past three years, has any company cancelled, declined or refused similar insurance to the applicant?** (Not applicable to Missouri applicants)..... Yes No

If yes, explain: _____

12. **Prior Carrier Information:**

| | | | |
|----------------------|----|----|----|
| Year | | | |
| Carrier | | | |
| Policy No. | | | |
| Coverage | | | |
| Total Premium | \$ | \$ | \$ |

13. Loss History:

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses last three years. | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

14. List any additional information attached with the application: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT, or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK OTHER THAN AUTOMOBILE 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.

Applicant or authorized representative of the applicant, acknowledge all of the above statements are true and accurate representations.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

| Loc. No. | Street, City, County, State, Zip Code | | | | | Interest | Part Occupied |
|---------------------|-----------------------------------------------------------------|-------------------------|-----------------|-----------------------|---------------------------------------|-------------------|---------------------------|
| | | | | | | | |
| | | | | | | | |
| Premises No. | Exposure | Amount Requested | Coins. % | ACV/Repl. Cost | Cause of Loss | Deductible | Special Conditions |
| | Building | \$ | | | | \$ | |
| | Contents | \$ | | | | \$ | |
| | Business Interruption | \$ | | | | \$ | |
| | Other | \$ | | | | \$ | |
| Bldg. No. | Mortgagee or loss payee: | | | | | | |
| | Additional coverages, restrictions and endorsement information: | | | | Other carriers participating on risk: | | |
| | | | | 1. _____ % | | | |
| | | | | 2. _____ % | | | |

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

| Limits of Liability Requested | | Premiums |
|---------------------------------------------------|----|-------------------------------------|
| General Aggregate | \$ | Premises/Operations \$ |
| Products & Completed Operations Aggregate | \$ | |
| Personal & Advertising Injury | \$ | Products/Completed Operations \$ |
| Each Occurrence | \$ | |
| Fire Damage (any one fire) | \$ | Other \$ |
| Medical Expenses (any one person) | \$ | |
| Other Coverages, Restrictions and/or Endorsements | \$ | Total \$ |
| Deductible | \$ | |

Schedule of Hazards

| Loc. No. | Classification | Class. Code | Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others | Terr. | Rate | | Premium | |
|----------|----------------|-------------|--------------------------------------------------------------------------------------------|-------|------------|-------------------------|------------|-------------------------|
| | | | | | Prem./Ops. | Products/ Comp. Ops. | Prem./Ops. | Products/ Comp. Ops. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

6. Previous carrier and loss information (last three years):

Check if no losses last three years

| Year | Company | Policy No. | Premium | Date of Loss | Losses Paid/Reserved | Description of Loss |
|-------------------------------------------------------------------------------------------------------------|---------|------------|---------|---------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]): | | | | Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri) | | |
| | | | | | | |
| | | | | | | |

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.