



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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