



PERFORMING ARTS – TROUPES/TRAVELING PERFORMERS SUPPLEMENTAL APPLICATION

SUBMISSION REQUIREMENTS

- Event Schedule for Year
- Latest Annual Financial Statement
- Currently valued insurance company loss runs for current year plus 3 prior years
- Copy of independent contractors' contracts
- Completed applicable ACORD applications

GENERAL INFORMATION

Applicant name:

Mailing address:

Phone number:

Fax Number:

E-mail:

Website address:

Contact person:

Phone Number:

Business Type: Corporation Partnership Individual Non-Profit Other:

Year business was established:

Number of years under present management:

List all Named Insureds and their interest (the first named insured requires common / majority ownership of each named insured – **if no, please explain**):

Number of performances per year: Any performances outside the U.S.? Yes No

List any other names your group is known by:

Group operates: full time part time seasonally

Have you had any losses in the last five (5) years?

Yes No

If yes, provide detailed explanation, dates, total amount paid for claims, and when it was closed:

Office location:

Building owner:

Year built:

Type of construction:

Roof type:

Sq. Ft.:

Number of stories:

Sprinklered?

Yes

No

Burglar alarm?

Yes No

Fire alarm?

Yes

No

Surrounding exposures:

to the left:

to the right:

behind:

Other occupancies in the building:

ACTIVITIES

Principal Activity:

- | | |
|---|---|
| 1. Performances:
Music – Instrumental
Music – Vocal
Theatres – Play
Theatres – Opera
Dance | Instruction:
Music - Instrumental
Music – Vocal
Theatres – Play
Theatres – Opera
Dance |
|---|---|

Describe typical performances:

2. Estimated number in attendance at each performance:
 Largest: Smallest: Average:

3. Please indicate the percentage of time you book the following venues:
- | | | | |
|----------|---|------------------------|---|
| Clubs | % | Open Air Amphitheaters | % |
| Schools | % | Auditoriums | % |
| Churches | % | Arenas/Stadiums | % |
| Other: | | | % |

4. Please specify who has responsibility for the following regarding performances:

	<u>Venue</u>	<u>Insured</u>	<u>Sub-contractor</u>	<u>Payroll</u>
Musicians				\$
Performers				\$
Stage set-up / tear down				\$
Lighting / Sound				\$
Pyrotechnics				\$
Ticket sales				\$
Liquor				\$
Parking				\$
Security				\$
Seating				\$

5. Regarding contracts and certificates of insurance with sub-contractors and tenants:

	<u>Insured</u>	<u>Sub-contractor</u>	<u>Mutual</u>	<u>Neither</u>
a. Indemnification / hold harmless wording in favor of:				
b. Is the additional insured status in favor of:				
c. Certificate of insurance required?				

Classes / Camps

- | | | |
|---|--------------------|----|
| 1. Any performance arts camps? | Yes | No |
| 2. Number of days camp is open (annually): | Number of campers: | |
| 3. Are waivers with parental / guardian consent required? | Yes | No |

4. Camp location:
If abuse/molestation is requested, please complete the last page.

Rehearsal location:

Same as above

1. Building owner:
2. Year built: 3. Type of construction:
4. Roof type: 5. Square footage:
6. Number of stories: 7. Sprinklered? Yes No
8. Burglar alarm: Yes No 9. Fire alarm? Yes No
10. Surrounding exposures: to the left:
to the right:
behind:
- Other occupancies in building:

PROPERTY

1. Does the Applicant own any venues? Yes No
If yes, physical address:
2. Does the Applicant lease or rent any venues? Yes No
If yes, please attach leasing contract.
Storage location: Same as office
Building owner:
Year built: Type of construction:
Roof type: Square footage:
Number of stories: Sprinklered? Yes No
Burglar alarm: Yes No Fire alarm? Yes No
Surrounding exposures: to the left:
to the right:
behind:
Other occupancies in building:
3. Property Values: Office Stored at: Other
Storage
- Business Personal Property: \$
Costumes/Props/Sets* \$
Musical Instruments:* \$
Music Library:* \$
Rented property:* \$
- (*Please provide schedule for single items values in excess of \$5,000)
4. Does the Applicant provide housing for performers? Yes No
5. Does the Applicant provide transportation for performers / volunteers? Yes No
6. Does the Applicant currently carry an Accident and Health policy? Yes No
If yes, does it cover volunteers as well as performers? Yes No
Limits provided: \$ Per person: \$ Catastrophic: \$

HIRED & NON-OWNED AUTO

- | | | |
|---|-----|----|
| 1. Does the Applicant have any owned automobiles? | Yes | No |
| NOTE: If the Applicant has owned autos, the hired car and non owned auto coverage should be placed with the automobiles carrier. Explain if an exception is requested. | | |
| 2. Does the Applicant allow employees/volunteers to use their own personal vehicles for business purposes?
If yes, how many employees use their own personal vehicles?
If yes, how often? Daily Weekly Monthly Other: | Yes | No |
| 3. Does the Applicant obtain motor vehicle reports?
If yes, how often? Annually Every other year Other: | Yes | No |
| 4. Does the Applicant confirm that all employees who regularly use their cars for business purposes carry minimum personal auto limits?
If yes, what minimum limits are required? \$ | Yes | No |
| 5. Please provide the approximate cost of hire for all hired or leased autos during the course of the policy period: \$ | | |
| 6. Limits of coverage required:
\$100,000 \$300,000 \$500,000 \$1,000,000 Other: \$ | | |
| 7. Is hired auto physical damage required?
If yes, what is the maximum value of hired vehicle you would like insured? \$
NOTE: Physical Damage deductibles provided \$100 comprehensive / \$1,000 collision. | Yes | No |

ABUSE OR MOLESTATION

N/A

- | | | |
|--|-------------------|----------------|
| 1. Does the Applicant's current insurance program include Abuse and Molestation coverage? | Yes | No |
| 2. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse related offenses, before an offer of employment is made? | Yes | No |
| 3. Does the Applicant verify employment references for employees and volunteers? | Yes | No |
| 4. Does the Applicant conduct personal interviews? | Yes | No |
| 5. Are formal written procedures in place for hiring? (If yes, attach a copy) | Yes | No |
| 6. Is there a written supervision plan that monitors staff in day-to-day relationships with clients, both on and off premises? (If yes, attach a copy) | Yes | No |
| 7. Does the Applicant have a written crisis plan for dealing with employees, volunteers, victims, parents, authorities and the media if you have an incident of abuse?
(If yes, attach a copy) | Yes | No |
| 8. Have any incidents resulted in an allegation of sexual abuse?
If so, was the case settled?
Was the case taken to trial?
Amount paid for damages to the victim: \$ | Yes
Yes
Yes | No
No
No |

Does your state allow criminal background checks?	Yes	No
If yes, do you run criminal background checks prior to hire for:		
Employees?	Yes	No
Volunteers?	Yes	No

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

WINTER WEATHER FREEZE PROTECTION

The Winter Weather Freeze Section is mandatory on all risks that have a prior winter freeze loss greater than \$25,000 or 10% of the building TIV in the past 5 years OR a location in states commonly experiencing freezing temperatures.

These states include but are not limited to: AL, AR, AZ, CO, CT, DE, DC, GA, IA, ID, IL, IN, KS, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NY, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | | | | |
|----|--|-----|----|-----|
| 1. | Can the Applicant reliably confirm that all areas of the Applicant's building with fire sprinkler piping and/ or domestic water lines can be maintained at 45° F or higher?
This includes exterior accessed sprinkler riser rooms, as well as attics, crawl spaces, and stairwells if they have water lines in them. | Yes | No | N/A |
| | a. If not, select all freeze protection measures currently in place:
Temperature monitoring and remote heating control system (Wi-Fi temperature controls)
PHLYSense
Other water detection/ notification/ alarm system
Backup electrical generator, ensuring building heat at all times
Insulation around water pipes in cold areas*
Heat tracing for water pipes in cold areas*
Antifreeze fire sprinkler system in cold areas*
Space heaters or heated forced air in attics, crawl spaces, stairwells with fire sprinklers
Other: | | | |
| | * Cold areas are defined as portions of a building that cannot be maintained at all times reliably at or above 45° F. | | | |
| 2. | Fire Protection and Testing | | | |
| | a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| | i. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both | | | |
| | ii. If yes, approximately what percentage (%) of the building is sprinklered? % | | | |
| | iii. If yes, has the system been tested & inspection by qualified sprinkler contractor within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| | iv. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 3. | Emergency Water Response (domestic and AS water lines) | | | |
| | a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| | b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| | c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 4. | Automatic Water Shutoff Devices | | | |
| | a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 5. | Unused/ Vacant Spaces | | | |
| | a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 6. | Seasonal Occupancies ONLY: | | | |
| | a. Is there a full-time caretaker/ maintenance personnel on the premise?
If yes, select required duties of the caretaker:
Regular walkthroughs of the building
i. How often each day?
Trained in the location(s) of water shut off valve(s)
Inspects taps and leaves them dripping in freeze weather events
Shuts off or drains pipes during freezing temperatures
Monitors building temperatures ensuring heat is maintained at required levels
Responds to power outages
i. List of required procedures | Yes | No | N/A |
| | b. If no caretaker is present, has the building been properly winterized including water turned off, pipes drained, heat maintained, proper pipe insulation, etc.? | Yes | No | N/A |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, LA, MD, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

APPLICABLE IN CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN COLORADO: 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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

APPLICABLE IN DISTRICT OF COLUMBIA: WARNING: 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.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN KANSAS: AN ACT COMMITTED BY 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, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR 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.

APPLICABLE IN KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

APPLICABLE IN MAINE: 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.

APPLICABLE IN NEW JERSEY: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

APPLICABLE IN OHIO: 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.

APPLICABLE IN OKLAHOMA: WARNING: 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.

APPLICABLE IN PENNSYLVANIA: 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.

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.

APPLICABLE IN VERMONT: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICABLE IN 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)