

C & S Int'l Insurance Brokers Inc

Cannon's Walk at the south Street Seaport
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PERFORMING ARTS POLICY APPLICATION

If you operate a theatre, please call us for a different application

1. Named Insured _____
(Exact Legal Name)
Indicate if known by other names _____
*Note: If more than 1 Insured, explain financial interest & control of each entity & function.
2. Mailing Address _____
Location(s) Address(es) _____ (if different)
3. Applicant is: __ Individual__ Partnership __ Corporation__ Not for Profit__ Other
4. Name of Contact for Insurance; Inspection & Accounting _____
Tel: _____ Fax: _____ e-mail: _____
5. Date Company Established _____

Please attach:

- a) **brochure or any promotional materials describing your group and activities**
 - b) **for classes and workshops, please attach registration form and class information**
6. Approximate number of performances per year _____
 7. Estimated total salaries and 1099 fees to employees and performers \$ _____
 8. Approximate total square footage of any premises that you rent on a long term basis:
Office Space _____
Class rooms _____
Rehearsal Space _____
Web-site address _____

*******Complete 9 & 10 only if you want a quote for Property Insurance*******

9. a. Replacement Value of Contents including fixtures and features? \$ _____
- b. Theatrical Property Floater limit (replacement cost) of sets, costumes, musical instruments, lighting, sound used on and off premises or which may be in transit. Include value of owned, rented and borrowed equipment \$ _____
- c. Computer Equipment \$ _____

10. Does premises where Insured's property is usually stored have the following:
- | | | | |
|----|----------------------------|---------|--------|
| a. | Central Station alarm | Yes ___ | No ___ |
| b. | Central Station Fire alarm | Yes ___ | No ___ |
| c. | Deadbolt Locks | Yes ___ | No ___ |
| d. | 24-hour guards on premises | Yes ___ | No ___ |
| e. | Sprinkler system | Yes ___ | No ___ |

Approximate age of building _____ Number of Stories _____

11. Please attach a list or describe all property and liability claims during the past 3 years.

If no property or liability claims, please confirm by initialing here _____

Do you have a Workers Compensation Insurance Policy? If yes, please advise expiration date and Insurance Company: _____

The completion and submission of this application does not guarantee binding of insurance by any parties. Insurance will not become effective until a written binder is signed or the Carrier issues a policy.

Signing this application does not bind the Applicant or 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. If any of the above questions have been answered fraudulently, or in such 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.

I/We have read the above and agreed that to the best of my/our knowledge and belief it fully represents the true statements of facts.

Application completed by: _____

Signed: _____

Desired Effective Date: _____

Do you want information about Directors & Officers' Liability? _____yes_____no

Do you want information about Volunteer/Student Accident Insurance? _____yes_____no

Are you a member of ART/NY ? _____Yes_____No

Are you a member of Theatre LA ? _____Yes_____No