

C & S Int'l Insurance Brokers Inc.
19 Fulton Street Suite 308A
New York NY 10038
Tel 212 406 4499
Fax 212 406 7584
staff@csins.com
www.csins.com

Theatrical Production
Checklist of Coverages/Limit Summary Page

Theatrical Property Floater _____
Total Replacement Value

Actor's Equity Floater _____
Broadway & National Tours @ \$6,000.- Per Member

Business Interruption _____
Usually 4 weeks of Operating Costs Plus up to \$50,000 - Per Week

Real & Personal Property Care Custody & Control \$250,000

Comprehensive General Liability \$1,000,000/\$2,000,000
Per Occurrence/General Aggregate

Umbrella Liability _____

Group Travel Accidental Death & Dismemberment _____

Workers' Compensation: Statutory Benefits

Disability Benefits: Statutory Benefits

Catastrophe Accident
Non-Appearance due to

- a. Mechanical Breakdown of Conveyances
- b. Severe Weather
- c. Injury or illness to 1/3 of cast

Non-Appearance/Abandonment _____
(Accident/Sickness of Star(s) or All Risk) Separate Application Needed

Errors & Omissions _____
Separate Application Needed

THEATRICAL INSURANCE APPLICATION

1. Outline of Insurance Requirement for the **Production Entitled** _____ ”

2. **Name** of Production Company: _____

3. Mailing **Address** of the Insured: _____

4. Check which form applicable
LTD Partnership ___ Corporation _____ Joint Venture _____ Other _

5. Names of **General Partners**, Officers or Managing Members.

6. Employee **Identification #** _____

7. **Company Manager** _____ **Telephone No.** _____

8. **Accountant** Name, Address & Telephone Number.

9. Brief **description of** Production and **Storyline**:

10a. Please describe any and all dancing, special stunts, acrobatics, hazardous activity, equipment or pyrotechnics:

b. Is a choreographer on salary or contracted Yes _____ No _____

11. Name & Address of **Theatre(s)**: _____

IF TOURING, ATTACH COMPLETE ITINERARY INCLUDING TRAVEL DATES

12a. Are you assuming **liability** for **Audience/Spectators**? Yes ___ No ___

- b. If so, attach copies of insurance requirements of **theatre lease(s)**
- c. Attach copies of any other **contract** wherein you **assume liability**.

13. **List All individual and Entities Which Must Be Included As Additional Insured (AI) &/or Loss Payee (L.P.)**

14. Schedule:

Date Auditions Begins _____ Where _____

Date **Rehearsal** Begins _____ Where _____

Date of **First Public Performance** _____ Where _____

Date of Official **Opening** _____ Where _____

Earliest Date on which construction of set starts or costumes or you are otherwise responsible for theatrical property _____

15. **Theatrical Property Replacement Values:**

Sets/Scenery: _____ Props: _____

Costumes/Wardrobe: _____ Mechanical Winches, etc. _____

Lightning & Sound Equipment: _____ Musical Instruments: _____

On separate sheet list any antiques, object of art, furs, jewelry, or precious stones and metals

16. Operating Expenses:

Average Weekly Expenses: _____

Maximum Gross Weekly Potential: _____

17. **Average Weekly Payroll in Following Categories:**

*Actors, Entertainers &/or Musicians _____

*All Other Production employees _____
including director, stage hands, crew, company manager, box office

Clerical Office Employees _____

Press Agent: _____

Drivers _____

Other (please specify): _____

***Please note for the purpose of Workers' Compensation do not include any salary in excess of \$3,375. -per week per person in New York. Please refer to us for special rules in other States.**

18. Personnel:

Average number of Male Employees: _____ Females: _____

Number of Union Members:

ACTOR'S EQUITY _____ AGMA _____

AGVA _____ Other Union/Guild (Please Specify) _____

19. Names of Principal players/stars:

A separate application is required along with a medical report for non-appearance or cancellation of events coverage.