



International Insurance Brokers, Inc.
CA License #0775391 • NY License #724659

THEATRICAL PACKAGE APPLICATION

1. Name of Production Company (Applicant): _____

2. Address: _____
3. Applicant is: Individual, Partnership, Corporation, the officers of which are:
President: _____ Vice President: _____
Secretary: _____ Treasurer: _____

4. Producer: _____ General Manager: _____
Director: _____ Choreographer: _____
5. Experience of Applicant, General Manager and Choreographer (examples):

6. Title of Production: _____
7. (a) Type of Production: (Drama, Comedy, Musical, etc.):

- (b) Storyline: _____

8. Describe all special stunts, acrobatics, skating, scenes involving animals, or any other unusual activities involving performers:

9. Since all productions are different, please describe any technological aspects that make this production unique. For example, the use of special lighting, sound, electronic, mechanical, or computerized technology. (Continue on back page if necessary.):

10. **Name and Location of:**

(a) Scenic Shop: _____

(b) Costume Shop: _____

(c) Rehearsal Studio: _____

(d) Theatre: _____

NOTE: Attach copy of contract with theater owner.

11. Indicate Theaters for Pre-Broadway tryouts (if applicable). Include city & state and dates at each:

NOTE: If Touring Company, attach copy of itinerary

12. **Members of Production Staff:**

(a) Actors Equity Association: _____

(b) Other Unions: _____

13. **Production Schedule:**

Date

Auditions Start _____

Rehearsals Start _____

Construction of Sets Starts _____

Construction of Costumes Starts _____

Load into Theatre or Load Out for Tour _____

Opening Date _____

14. **Estimated Values at Completion:**

	Owned	Rented	Totals
Scenery/Props	\$ _____	_____	_____
Wardrobe/Costumes	\$ _____	_____	_____
Sound Equipment	\$ _____	_____	_____
Lighting Equipment	\$ _____	_____	_____
Electronic Switchboard/Computers	\$ _____	_____	_____
Film/Slide Projection Equipment	\$ _____	_____	_____
Musical Instruments	\$ _____	_____	_____
Furs (valued over \$1,000)	\$ _____	_____	_____
Winches and Other Computer Technology	\$ _____	_____	_____
Other	\$ _____	_____	_____

15. **Calculation of Extra Expenses Limit at Completion:**

	Continuing Weekly Expenses
Payroll	\$ _____
Advertising	\$ _____
Office Overhead	\$ _____
Equipment & Property Rental	\$ _____
Theatre Rental	\$ _____
Other	\$ _____

16. **Coverages Desired:**

	LIMIT OF LIABILITY	DEDUCTIBLE
Theatrical Property	_____	_____
Breakage	_____	_____
Extra Expense	_____	_____
Equity Floater	_____	_____
Catastrophe Accident (specify coverage A, B, and/or C)	_____	_____

17. (a) Where will records be kept for audit?

(b) Name and telephone number of person to contact for audit:

Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and 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 agree that to the best of my/our knowledge and belief same fully represents the true statement of facts.

Date: _____

Applicant: _____

By: _____

Title: _____