

SCHWEICKERT & COMPANY

PERFORMING ARTS ORGANIZATION INSURANCE INFORMATION SURVEY

Name of Organization _____

Name and Title of Principal Contact _____

Mailing Address _____

Physical Address and Description of All Other Locations (attach separate sheet if necessary):

Phone _____ Fax _____ e-mail _____

Type of Organization (Corporation, Partnership, Sole Proprietor, etc.) _____

For Profit? _____ Non Profit? _____ Federal Tax ID # _____

What is the nature of the business?

Ballet _____ Museum _____ Opera _____ Orchestra _____ Theater Production Company _____

Theater Venue _____ Other (describe) _____

Is there a formal safety program in operation? _____

Has any insurance policy or coverage been declined, cancelled, or non-renewed? _____

Any Prior Claims? _____

Prior Insurance Carrier Information (include carrier, dates of coverage, policy number, premium)

Property _____

Inland Marine _____

Crime _____

General Liability _____

Automobile _____

Umbrella _____

Workers' Compensation _____

Directors & Officers _____

Employment Practices _____

Volunteer Accident _____

Other _____

PROPERTY – COMPLETE ONE PAGE FOR EACH LOCATION

Location Address _____

Premises Information:

Is this premises owned? _____ leased? _____ If leased, attach copy of lease.

If leased, name and mailing address of lessor _____

Does lessor require that they be named as additional insured on your policy? _____

Construction type of building _____

Number of stories _____ Year Built _____ Total Area _____

If the building is over ten years old, please list all improvements done and the year _____

Right Exposure and Distance _____

Left Exposure and Distance _____

Rear Exposure and Distance _____

Burglar Alarm Type: Local Alarm _____ Central Reporting _____

Alarm Company _____

Fire Protection: Sprinklers _____ Smoke Detectors _____ Extinguishers _____ (how many) _____

Property Limits:

Building \$ _____

Furniture & Fixtures \$ _____

Tenant Improvements \$ _____

Other \$ _____

Inland Marine Limits:

Computers	\$ _____
Theatrical Lighting Equipment	\$ _____
Theatrical Sound Equipment	\$ _____
Sets & Props	\$ _____
Costumes	\$ _____
Musical Instruments	\$ _____
Music & Scripts	\$ _____
Other	\$ _____

Please list any loss payees for leased or rented equipment

Business Interruption:

Limit \$ _____

Crime Coverage

Employee Dishonesty Limit \$ _____

Deductible \$ _____

*For Employee Dishonesty coverage, attach a census of employees who handle cash, checks and securities.

Money & Securities Limit \$ _____

Deductible \$ _____

*For Money & Securities coverage, list brand and class of safe _____

GENERAL LIABILITY

Estimated Gross Payroll for next 12 months: _____

Estimated Number of Performances for next 12 months: _____

Number of Seats in Venue: _____

Estimated Number of Admissions for next 12 months: _____

Limits:

General Annual Aggregate Limit \$ _____

Per Occurrence Limit \$ _____

List Additional Insureds to be included on policy: _____

General Questions	Yes	No
1. Any operations sold, acquired, or discontinued in last five years?	_____	_____
2. Any equipment loaned or rented to others?	_____	_____
3. Any parking facilities owned/rented?	_____	_____
4. Is a fee charged for parking?	_____	_____
5. Any recreation facilities provided?	_____	_____
6. Any sporting or social events sponsored?	_____	_____
7. Are you involved in any joint ventures?	_____	_____
8. Do you lease employees to or from other employers?	_____	_____
9. Any daycare facilities operated or controlled?	_____	_____

Please explain any yes answers:

AUTOMOBILE COVERAGE – OWNED & NON-OWNED

List all drivers who drive company vehicles or use their own vehicles for company business.
Attach a separate sheet if necessary:

Name

License Number

Date of Birth

Owned Vehicles (attach separate sheet if necessary)

Year, Make, and Model _____

VIN _____ City and zip code where garaged _____

Liability Only? _____ Full Coverage? _____ Current Value or Cost New \$ _____

Deductibles (full coverage only): Comprehensive \$ _____ Collision \$ _____

How is vehicle used? _____ Radius of Usage _____

Year, Make, and Model _____

VIN _____ City and zip code where garaged _____

Liability Only? _____ Full Coverage? _____ Current Value or Cost New \$ _____

Deductibles (full coverage only): Comprehensive \$ _____ Collision \$ _____

How is vehicle used? _____ Radius of Usage _____

Year, Make, and Model _____

VIN _____ City and zip code where garaged _____

Liability Only? _____ Full Coverage? _____ Current Value or Cost New \$ _____

Deductibles (full coverage only): Comprehensive \$ _____ Collision \$ _____

How is vehicle used? _____ Radius of Usage _____

Year, Make, and Model _____

VIN _____ City and zip code where garaged _____

Liability Only? _____ Full Coverage? _____ Current Value or Cost New \$ _____

Deductibles (full coverage only): Comprehensive \$ _____ Collision \$ _____

How is vehicle used? _____ Radius of Usage _____

Year, Make, and Model _____

VIN _____ City and zip code where garaged _____

Liability Only? _____ Full Coverage? _____ Current Value or Cost New \$ _____

Deductibles (full coverage only): Comprehensive \$ _____ Collision \$ _____

How is vehicle used? _____ Radius of Usage _____

General Auto Questions (answer all that apply)

Yes

No

1. Any vehicles registered to others? _____

2. Is there a vehicle maintenance program? _____

3. Any vehicles leased to others? _____

4. Any vehicles with special equipment? _____

5. Any filings required? _____

6. Any owned vehicles used by family members? _____

7. Do you obtain motor vehicle reports for drivers? _____

8. Are any drivers not covered by Workers' Compensation? _____

9. Do you own any vehicles not listed on this application? _____

Explain any yes answers: _____

WORKERS COMPENSATION

Payroll Classes	Payroll	# of Employees
8810- Clerical	_____	_____
9151-Theater – Music Ensemble	_____	_____
9154-Theater- All Other	_____	_____
9156-Theater - Performers & Directors	_____	_____
8868- Schools, Teachers	_____	_____
8743 – Salespersons	_____	_____

of Volunteers: _____

Current Experience Mod: _____

Prior Insurance Carriers for the Last 5 Years:

Current Year: _____	Dates: _____
Prior Year: _____	Dates: _____
Prior Year: _____	Dates: _____
Prior Year: _____	Dates: _____
Prior Year: _____	Dates: _____

**We need loss runs for the past 5 years.

DIRECTORS & OFFICERS

Current Insurance Carrier: _____

Current or Desired Limit of Coverage: _____

**We need the most recent financial statement for your organization.

Website: _____

Annual Budget: _____

COMMENTS:

