



Showtime Product

NON PROFIT SHOWTIME APPLICATION

Type of coverage being requested: General Liability Property/Inland Marine Liquor Non Profit D&O

Please fill out the General Information section; along with the section(s) you are requesting coverage.

SECTION I. GENERAL INFORMATION

1. Name of Organization: _____
2. Does the Organization have a tax exempt status as defined by the I.R.S.? _____
3. Mailing Address: _____
4. Location Address: _____
5. Website Address: _____ Email Address: _____
6. Number of years in operation? _____
7. Does the organization have a prior, existing or pending bankruptcy in the last five years? Yes No
8. Purpose of organization: _____
9. Activities of the Organization? (Check all that apply):

<input type="checkbox"/> Music/Instrumental	<input type="checkbox"/> Music/Vocal	<input type="checkbox"/> Theatre/Plays	<input type="checkbox"/> Theatre/Opera
<input type="checkbox"/> Ballet	<input type="checkbox"/> Comedy Troupes	<input type="checkbox"/> Choir	<input type="checkbox"/> Orchestra
<input type="checkbox"/> Cheerleading/Aerobics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Camps
<input type="checkbox"/> Community Service	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Booking Agent/Event Planner	
<input type="checkbox"/> Promoters	<input type="checkbox"/> Other _____		

(Attach copy of brochure, website pages and flyer to this application)

10. Total number of performers:

Full Time Employees _____	Part Time Employees _____
Independent Contractors _____	Volunteers _____
11. Building interest? Owner Tenant Traveling only
If Traveling only – skip to question 14.
12. Total Sq Ft of building _____ Area occupied by the organization – Sq Ft _____
Area leased to others – Sq Ft _____
13. Do you lease premises? Yes No
If Yes: What purpose? _____
14. Is all electrical wiring connected to functional and operational circuit breakers? Yes No
15. Electrical systems do not have aluminum or knob & tube wiring? Yes No
16. Are there functioning smoke or heat detectors used in all public areas? Yes No
17. Are all public areas equipped with lighted exit signs? Yes No
18. Is a secondary means of egress provided for each floor (including basement) having Public access? Yes No
19. What is the average ticket price per performance: \$ _____
20. Indicate the number of performances planned during policy term: _____
21. Average attendees per performance: _____
22. Maximum attendance at any one performance: _____

23. Total annual gross revenues:

Admissions: \$ _____
 Alcoholic beverages: \$ _____
 Food and non-alcoholic beverages: \$ _____
 Donations: \$ _____
 Public funding: \$ _____
 Rent from others for use of facilities: \$ _____
 Products sold: *(Please attach a list of products sold)* \$ _____
 Other Sources: \$ _____
 Total Annual Gross Revenue: \$ _____

SECTION II. GENERAL LIABILITY

24. Are animals used for any performances? Yes No

If yes, what type? _____

25. Do you provide permanent or temporary housing for staff, performers, etc.? Yes No

26. Do you conduct any overnight tours? Yes No

If yes, will any member be under the age of 21? Yes No

27. Do you rent or lease use your premises to others? Yes No

28. Any construction of scenery, backdrops or stages over three stories in height or use bulldozers, backhoes, excavators or cranes? Yes No

29. Do you utilize Independent Contractors? Yes No

If yes, do you obtain Certificates of Insurance from Independent Contractors? Yes No

30. Do all performances end before 12:00 am? Yes No

31. Any performances with aerial acts over the crowd? Yes No

32. Any alleged incidents regarding molestation or abuse? Yes No

If yes, please describe: _____

33. Are there any special effects that include pyrotechnics/fireworks? Yes No

34. Any international travel, overnight camps or schools? Yes No

35. Will any performances take place in a vacant building? Yes No

36. Within the past five years, has the General Liability coverage been cancelled or non-renewed? Yes No

If yes, explain: _____

37. Loss History for General Liability for the past five years: If none, check here

Date Loss	Type/Description	Paid	Reserved	Open/closed
		\$	\$	
		\$	\$	
		\$	\$	

38. List expiring General Liability carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION III. PROPERTY

39. Limits desired and rating information

<p>Building Construction</p> <input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<p>Protection Class</p> <input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<p>Deductible</p> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<p>Cause of Loss</p> <input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
Building Limit:	\$ _____	Coinsurance (80% minimum) _____ <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Improvements and Betterments Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Personal Property Limit:	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
Business Income Limit:	\$ _____	Coinsurance: _____ or Monthly Limit of Indemnity <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement (Requires a Central Station Burglar Alarm)			
<input type="checkbox"/> Employee Dishonesty \$ _____ # of Employees _____			
<input type="checkbox"/> Money & Securities \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)			
<input type="checkbox"/> Burglary & Robbery \$ _____ Inside \$ _____ Outside (\$500 Standard Deductible)			
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

40. Has any Officer or Board member of this organization ever been convicted of the felony of arson? Yes No
41. Are there any tax liens on any property? Yes No
42. Any on premise welding operations? Yes No
43. Cooking Supplement - If no cooking, check here
- a. Is there a cleaning contract in force with an outside firm? Yes No
- b. Describe Cooking equipment used:
- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Grills | <input type="checkbox"/> Open Flame | <input type="checkbox"/> Oven | <input type="checkbox"/> Deep Fat Fryers |
| <input type="checkbox"/> Charcoal grill | <input type="checkbox"/> Barbeque Pit/Smoke | <input type="checkbox"/> Type or Brand _____ | |
- Distance from building: _____ ft.
- c. Type of Extinguishing system: Wet Dry
44. Type of plumbing? PVC/Plastic Copper Iron Lead Galvanized Other _____
45. Type of roof? Flat Wood Shake Shingle Metal Tile Slate
Other _____
46. Roof Updated, _____yr Electrical Updated, _____yr
 Plumbing Updated, _____yr Heating Updated, _____yr.
47. Age of building: _____
48. Are there vacancies in the building? Yes No
49. Burglar Alarm: Local Central Station Burglar Alarm
50. Fire Protection: Sprinklers Central Station Fire Alarm Local Fire Alarm Annually Serviced Fire Extinguisher(s)
51. Within the past five years, has Property coverage been cancelled or non-renewed? Yes No
- If "yes," explain: _____

52. Inland Marine Theater property Musical Instruments

Schedule of Property & Equipment for which coverage is requested:

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
*Attach another page if necessary		Total Blanket	\$

Blanket coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest item	Total of items
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
*Attach another page if necessary		Total Scheduled

53. Deductible

\$500 \$1,000 \$2,500 \$5,000 \$10,000

54. Does the insured lease, loan or rent covered property or equipment to others? Yes No

55. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No

56. Are any objects unique or difficult to replace? Yes No

57. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No

58. Is all insured's covered property or equipment brought back to their place of business at the end of each day? Yes No

a. If so, is the place of storage protected by a central station alarm system? Yes No

59. Loss History for Property/Inland Marine for past three years: If none, check here

Date Loss	Type/Description	Paid	Reserved	Open/closed
		\$	\$	
		\$	\$	
		\$	\$	

60. List expiring property carrier, term, limits and premium:

Carrier	Policy Term	Limits	Premium

SECTION IV. LIQUOR LIABILITY

61. Limits desired \$100,000 \$300,00

62. Does organization have a valid liquor license? Yes No

a. Name on license: _____ License #: _____

b. License Type (Class D licenses prohibited in Utah) _____

63. Are liquor services restricted to concessionaire operations located at the premises shown in Question 4? Yes No

64. Within the past five years, has Liquor Liability coverage been cancelled or non-renewed? Yes No

If "yes," explain: _____

65. Violations

a. Within the past years, has applicant been fined or cited for violations of law or ordinance related to illegal activities or the sale of alcohol? Yes No

b. If "yes", provide the following information on each fine or citation:

Date(s): _____

Description(s): _____

Fines and /or penalties assessed: _____

Measures in place to prevent future violations: _____

66. Claims

a. Within the past five years, has the applicant had any reported liquor liability and/or assault and battery claims or notifications of potential liquor liability and/or assault and battery claims? Yes No

b. If "yes", provide the following information on each Liquor Liability claim:

Measures in place to prevent further incidents: _____

Date of loss	Type/Description	Paid	Reserved	Open/Closed
		\$	\$	
		\$	\$	
		\$	\$	

67. List expiring Liquor Liability carrier, limits and premium:

Carrier	Policy Term	Limits	Premium

68. Mortgagees/Additional Insureds/Loss Payees

List name, address and interest of each: Indicate applicable section:

a. Name: _____ Property GL Liquor

Address: _____

Interest: _____

b. Name: _____ Property GL Liquor

Address: _____

Interest: _____

69. Inspection contact name: _____

Telephone number: _____ Email address: _____

70. Audit contact name: _____

Telephone number: _____ Email address: _____

SECTION V. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY SECTION

71. Does the Organization administer or sponsor any insurance programs? Yes No
72. Is the Organization involved in any accreditation or standard setting activities? Yes No
73. Is the Organization involved in any labor/union negotiations or collective bargaining activities? Yes No
74. Number of chapters: _____ If there are chapters, is coverage requested for them under this Policy? Yes No
75. Does the Applicant have any Subsidiaries requiring coverage? Yes No

If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).

76. Name and title of individual designated to receive all notices on behalf of the Insured:

Title: _____ Phone number: _____

77. Directors and Officers liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy term

78. Does the organization currently carry General Liability Insurance? Yes No

79. Please provide the following financial information for the last three years. (If organization in existence less than three years please provide Budgeted Revenue/Expense statement for next three years.) Yes No

Year	Total Revenue	Net Income (Loss)	Current Fund Balance*
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

80. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No
(If yes, please forward a completed USLI supplemental claims application.)

81. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No
(If yes, please forward a completed USLI supplemental claims application.)

82. Does each Pension Plan use an outside Investment Manager? (If No, Fiduciary will not be offered.) Yes No

83. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards? (If no, please attach details) Yes No

84. In the past two years has there been or is there now under consideration any material changes to a Plan or termination / consolidation of a Plan? (If yes, please attach details) Yes No

85. Has there been or is there now pending any claims(s) against any proposed Insured arising out of any Plan? (If yes, please attach details) Yes No

86. Does any proposed Insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details) Yes No

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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.

District of Columbia Fraud Statement: 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.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(President, Chairperson or Executive Director)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa**, and require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____
