





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 I	NFORMATION
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1.	Name of Organization:					
2.	Does the Organization have	e a tax exempt status a	as defined by the I.R.S.?			
3.	Mailing Address:					
4.	Location Address:					
5.	Website Address:		Email Ad	ddress:		
6.	Number of years in operation	on?				
7.	Does the organization have	a prior, existing or per	nding bankruptcy in the last five years?	□Yes		10
8.	Purpose of organization: _					
9.	Activities of the Organization	n? (Check all that app	ly):			
	□Music/Instrumental	□Music/Vocal	□Theatre/Plays	□Theatre/Opera		
	□Ballet	□Comedy Troupes	s	□Orchestra		
	□Cheerleading/Aerobics	□Gymnastics	□Martial Arts	□Camps		
	□Community Service	□Fundraising	□Booking Agent/Event Planner			
	□Promoters	□Other				
	(Attach copy of brochure, w	ebsite pages and flyer	to this application)			
10.	Total number of performers	:				
	Full Time Employees		Part Time Employees			
	Independent Contractors _		Volunteers			
11.	Building interest? □Ow	ner □Tenant	☐Traveling only			
	If Traveling only – skip to qu	uestion 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 conne	ected to functional and	operational circuit breakers?		□Yes	□No
15.	Electrical systems do not ha	ave aluminum or knob	& tube wiring?		□Yes	□No
16.	Are there functioning smoke	e or heat detectors use	ed in all public areas?		□Yes	□No
17.	Are all public areas equipped	ed with lighted exit sign	ns?		□Yes	□No
18.	Is a secondary means of eq	gress provided for each	h floor (including basement) having		□Yes	□No
	Public access?				□Yes	□No
19.	What is the average ticket p	price per performance:		\$		
20.	Indicate the number of perf	ormances planned dur	ing policy term:			
21.	Average attendees per perfe	ormance:				
22.	Maximum attendance at an	v one performance:				

24. Are animals used for any performances? If yes, what type? 25. Do you provide permanent or temporary housing for staff, performers, etc.? (Yes) No (Yes	23.	Total annual gro	oss revenues	S:							
Alcoholic beverages: Food and non-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) S Products sold: (Please attach a list of products sold) Other Sources: Total Annual Gross Revenue: S SECTION II. GENERAL LABILITY 24. Are animals used for any performances? If yes, what type? 25. Do you provide permanent or temporary housing for staff, performers, etc.? Pyes No If yes, will any member be under the age of 21? Ob you cent or lease use your premises to others? Any construction of scenery, backdrops or stages over three stories in height or use buildozers, backhoes, excavators or cranes? Any construction of scenery, backdrops or stages over three stories in height or use buildozers, backhoes, excavators or cranes? If yes, do you utilize independent Contractors? If yes, do you utilize independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? If yes, a you all performances end before 12:00 am? Any performances with aerial acts over the crowd? Any performances with aerial acts over the crowd? Any international travel, overnight camps or schools? Are there any special effects that include pyrotechnics/fireworks? Any langed incidents regarding molestation or abuse? If yes, please describe: No If yes, explain: To Loss History for General Liability for the past five years: If none, check here Date Loss Type/Description Paid Reserved Open/closed		Admissions	s:			\$					
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 LABILITY 24. Are animals used for any performances? If yes, what type? 25. Do you provide permanent or temporary housing for staff, performers, etc.? 27. Do you conduct any overnight tours? If yes, will any member be under the age of 21? 28. Any construction of scenery, backdrops or stages over three stories in height or use buildozers, backhoes, excavators or cranes? Do you utilize Independent Contractors? Pyes No If yes, do you obtain Certificates of Insurance from Independent Contractors? Pyes No If yes, do you obtain Certificates of Insurance from Independent Contractors? Pyes No If yes, please describe: Pyes No If yes No If yes No If yes, please describe: Pyes No If yes, explain:		Alcoholic b	everages:								
Public funding: Rent from others for use of facilities: Products sold: (Please attach a list of products sold) S Other Sources: S Total Annual Gross Revenue: S SECTION II. GENERAL LIABILITY 24. Are animals used for any performances? If yes, what type? 25. Do you provide permanent or temporary housing for staff, performers, etc.? 16. Do you conduct any overnight tours? If yes, will any member be under the age of 21? Do you rent or lease use your premises to others? Any construction of scenery, backdrops or stages over three stories in height or use buildozers, backhoes, excavators or cranes? Do you utilize Independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? If yes, any performances exist haerial acts over the crowd? Any alleged incidents regarding molestation or abuse? If yes, please describe: 31. Are there any special effects that include pyrotechnics/fireworks? Any international travel, overnight camps or schools? Will any performances take place in a vacant building? Will any performances take place in a vacant building? Tyes, explain: 37. Loss History for General Liability for the past five years: Date Loss Type/Description Paid Reserved Open/closed		Food and r	non-alcoholic	beverages:		\$					
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? If yes, what type? 25. Do you provide permanent or temporary housing for staff, performers, etc.? 26. Do you conduct any overnight tours? If yes, will any member be under the age of 21? 27. Do you rent or lease use your premises to others? 28. Any construction of scenery, backfrops or stages over three stories in height or use buildozers, backhoes, excavators or cranes? 29. Do you utilize Independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? If yes, do you obtain Certificates of Insurance from Independent Contractors? Q'es		Donations:				\$					
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Other Sources: \$		Rent from	others for us	e of facilities:		\$					
Total Annual Gross Revenue: \$		Products s	old: (<i>Please</i>	attach a list of product	s sold)	\$					
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26. Do you conduct any overnight tours?		If yes, what typ	e?								
If yes, will any member be under the age of 21? 27. Do you rent or lease use your premises to others? 28. Any construction of scenery, backdrops or stages over three stories in height or use bulldozers, backhoes, excavators or cranes? 29. Do you utilize Independent Contractors? 30. Do all performances end before 12:00 am? 31. Any performances with aerial acts over the crowd? 32. Any alleged incidents regarding molestation or abuse? 33. Are there any special effects that include pyrotechnics/fireworks? 34. Any international travel, overnight camps or schools? 35. Will any performances take place in a vacant building? 36. Within the past five years, has the General Liability coverage been cancelled or non-renewed? 37. Loss History for General Liability for the past five years: 38. List expiring General Liability carrier, term, limits and premium:	25.	Do you provide	permanent of	or temporary housing f	or staff, perf	ormers, etc.?				□Yes	□No
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32. Any alleged incidents regarding molestation or abuse? If yes, please describe: 33. Are there any special effects that include pyrotechnics/fireworks? 34. Any international travel, overnight camps or schools? 35. Will any performances take place in a vacant building? 36. Within the past five years, has the General Liability coverage been cancelled or non–renewed? 37. Loss History for General Liability for the past five years: 38. List expiring General Liability carrier, term, limits and premium:	30.	Do all performa	nces end be	fore 12:00 am?						□Yes	□No
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36. Within the past five years, has the General Liability coverage been cancelled or non–renewed? Yes	34.	Any internation	al travel, ove	rnight camps or schoo	ls?					□Yes	□No
If yes, explain: 37. Loss History for General Liability for the past five years: Date Loss Type/Description Paid Reserved Open/closed	35.	Will any perform	mances take	place in a vacant build	ling?					□Yes	□No
27. Loss History for General Liability for the past five years: Date Loss Type/Description Paid Reserved Open/closed	36.	Within the past	five years, h	as the General Liability	coverage b	een cancelled	or non-renev	wed?		□Yes	□No
Date Loss Type/Description Paid Reserved Open/closed \$ \$ \$ \$ \$ \$ \$ \$ 38. List expiring General Liability carrier, term, limits and premium:		If yes, explain:									
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	37.	Loss History for	r General Lia	ibility for the past five y	ears:	☐ If none	, check here				
\$ \$ \$ 38. List expiring General Liability carrier, term, limits and premium:		Date Loss	Type/Desc	ription			Paid	R	eserved	Open/closed	
\$ \$ 38. List expiring General Liability carrier, term, limits and premium:							\$	\$			
38. List expiring General Liability carrier, term, limits and premium:							\$	\$			
	ı						\$	\$			
Carrier Policy Term Limits Premium	38.	List expiring Ge	eneral Liabilit	y carrier, term, limits a	nd premium:	:		!		'	
	Γ	Carrier		Policy Term		Limits			Premium		
	H										

SECTION III. PROPERTY

39. Limits desired and rating information

39. Limits desired and rating information						
Building Construction ☐ Frame ☐ Joisted masonry ☐ Noncombustible ☐ Masonry NC ☐ Fire Resistive	Protection Class ☐ 1-6 ☐ 7-8 ☐ 9-10	Deductible □ Basic □ \$1,000 □ Special/e □ \$2,500 □ Special (Cause of Loss sic ecial/excluding theft ecial (requires a ntral Station Burglar Alarm	
Building Limit:	\$	Coinsurance (80% minim	num)	☐ AC	V □ RC	
Improvements and Betterments Limit:	\$	Coinsurance (80% minim	num)	% □ AC	V □ RC	
Business Personal Property Limit:	\$	Coinsurance (80% minim	num)	% □ AC	V □ RC	
Business Income Limit:	\$	Coinsurance: □ 50% □ 80% □ □ With Extra Expens		1	thly Limit of /3 □ 1/4 /ithout Extra	□ 1/6
☐ Value Plus Endorsement (Requires a Central S		າ)				
	Employees	(0=000)				
☐ Money & Securities \$ Insid☐ Burglary & Robbery \$ Insid☐ Insid☐ Burglary & Robbery \$ Insid☐		e (\$500 Standard Deductile (\$500 Standard Deductile	,			
☐ Outdoor Signs \$	ie a Outside	e (\$500 Standard Deduction	ole)			
☐ Equipment Breakdown (Coverage requires a n	naintenance contract	for all refrigeration units)				
40. Has any Officer or Board member of this orga	nization ever been c	onvicted of the felony of a	rson?		□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 he	ere 🗆					
a. Is there a cleaning contract in force with a	an outside firm?				□Yes	□No
b. Describe Cooking equipment used:						
□Grills □Ope	en Flame	□Oven			□Deep Fat	Fryers
□Charcoal grill □Barl	Barbeque Pit/Smoke □Type or Brandft.				•	
c. Type of Extinguishing system:		□Wet			□Dry	
44. Type of plumbing? □PVC/Plastic □Cop	per □Iron	□Lead	□Galvar	nized	□Other	
	od Shake ⊒Shing	le	□Tile		□Slate	
□Other	_					
46. Roof Updated,yr Ele		vr				
Plumbing Updated,yr He	•	yr.				
47. Age of building:	5 ,,	,				
48. Are there vacancies in the building?					□Yes	□No
	Station Burglar Alarr	n				-
	Station Fire Alarm	□Local Fire Alarm	□Annua	Ily Servic	ced Fire Exti	nguisher(s)
51. Within the past five years, has Property covera				, _ 5	□Yes	□No
If "yes," explain:						

Item	Description (Y	cription (Year, Manufacturer & Model) Serial Number Limit of Insurance							
1					4	;			
2					4	3			
3					4	5			
4					4	5			
5					4	6			
6					4	3			
7					4	5			
*Attach	another page if ne	cessary	Total Bla	anket	\$	5			
Blanket	t coverage descript	ion (if requesting blanket cov	rage) - individual iten	ns under \$2,	,500 in value:				
Descrip	otion		Largest	item	1	Total of items			
1		\$				\$			
2			\$		•	\$			
3			\$			\$			
4			\$			\$			
5			\$			\$			
*Attach	another page if ne	cessary	Total Sc	heduled					
	□\$1,000 ne insured lease, lo	□\$2,500 □\$5,	r equipment to others	?			⊒Yes	□N	
-		equipment on this schedule	eft unlocked and/or ur	nsecured wh	nen not in use?		⊒Yes	□N	
-		difficult to replace?					⊒Yes	□N	
-	_	beyond their apparent worth	_				⊒Yes	□N	
	·	operty or equipment brought	•		the end of eac	,	⊒Yes	□N	
	-	storage protected by a centra	_				⊒Yes	□N	
Loss H	istory for Property/	Inland Marine for past three y	ears: 🗖 If none	e, check her	е				
Date Lo	oss Type/De	scription		Paid	Reserved	I Оре	n/closed		
				\$	\$				
				\$	\$				
				\$	\$				

Non Profit Package STA 3/07SK - United States Liability Insurance Group

SECTION IV. LIQUOR LIABILITY

61.	Limits desired	□\$100,000 □	1 \$300,00						
62.	Does organiz	ation have a va	lid liquor license?				□Yes	□No	
	_		•	Li	icense #:				
			icenses prohibited in Uta						
63.			•	ations located at the prem	nises shown in Que	stion 4?	□Yes	□No	
	-		-	ge been cancelled or non			□Yes	□No	
65.	Violations								
	a. Within th	e past years, ha	as applicant been fined o	or cited for violations of la	w or ordinance rela	ted to illegal			
	activities	or the sale of a	alcohol?				□Yes	□No	
	b. If "yes", p	rovide the follo	wing information on eac	h fine or citation:					
	Date(s):								
	Descripti	on(s):							
	Fines an	l /or penalties a	assessed:						
	Measure	in place to pre	event future violations: _						
66.	Claims								
	a. Within th	e past five year	s, has the applicant had	any reported liquor liabili	ty and/or assault ar	d battery			
	claims or	notifications of	potential liquor liability	and/or assault and batter	y claims?		□Yes	□No	
	b. If "yes", p	rovide the follo	wing information on eac	h Liquor Liability claim:					
	Measures in p	lace to prevent	t further incidents:						
	Date of los	Ту	/pe/Description	Paid	Reserved	I	Open/Closed		
				\$	\$				
				\$	\$				
				\$	\$				
67.	List expiring L	iguor Liability o	carrier, limits and premiu	I m:	'				
	Carrier		· ·	Limits		Dramium			
	Carrier		Policy Term	Limits		Premium			
68.	Mortgagees/A	dditional Insure	eds/Loss Payees						
	List name, ad	dress and inter	est of each:			Indicate	applicable	section:	
	a. Name:					🖵 Prop	erty □GL	□Liquor	
	Address:								
	Interest:								
	b. Name:					□Prop	erty □GL	□Liquor	
	Address:								
	Interest:								
69.	Inspection co	ntact name:							
70.	Telephone nu	mber:		E					
	•				mail address:				
	Audit contact	name:		E	mail address:				

SE	CTION V. NON PROFIT D	IRECT	ORS & OFFICERS	AND EMPLO	YMENT PRAC	TICES LIABILITY SE	ECTION		
71.	71. Does the Organization administer or sponsor any insurance programs?								□No
72.	72. Is the Organization involved in any accreditation or standard setting activities?								□No
73.	73. Is the Organization involved in any labor/union negotiations or collective bargaining activities?								□No
74. Number of chapters:If there are chapters, is coverage requested for them under this Policy?									□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 individua	al desi	gnated to receive all	notices on b	ehalf of the Ir	nsured:			
	Title:					Phone number	er:		
77.	Directors and Officers liab	ility Ins	surance carried:						
	Insurer	Lir	mits of Liability	Prer	mium	Retention		Policy te	rm
78.	Does the organization cur	rently o	carry General Liabili	ty Insurance?	>	ļ		□Yes	□No
79.	Please provide the following	ng fina	ncial information for	the last three	e years. (If org	ganization in existend	ce less t	han	
_	three years please provide	e Budg	eted Revenue/Expe	nse statemen	t for next thre	e years.)		□Yes	□No
	Year		Total Reve	nue	Net Income (Loss)		Current Fund Bal		ance*
			\$		\$		\$		
			\$		\$		\$		
		Ī	\$		\$		\$		
80.	Is any person proposed fo	r this i	nsurance aware of a	any fact, circu	ımstance or si	tuation, which may r	esult		
	in a claim against the Orga	anizatio	on or any of its Dire	ctors, Trustee	es, Officers, E	mployees or Volunte	ers?	□Yes	□No
	(If yes, please forward a c	complet	ted USLI supplemen	ntal claims ap	plication.)				
81.	Within the last 5 years, ha	ıs any i	nquiry, complaint, n	otice of heari	ng, claim or s	uit been made (inclu	ding,		
	but not limited to, Equal E	mployn	nent Opportunity Co	ommission, St	tate Human R	ights Boards, Munici	pal,		
	State or Federal Regulator	ry Auth	norities), against the	Organization	, or any perso	on proposed for Insu	rance in		
	the capacity of Director, O	officer, ⁻	Trustee, Employee o	or Volunteer o	f the Organiza	ation?		□Yes	□No
	(If yes, please forward a c	complet	ted USLI supplemen	ntal claims ap	plication.)				
82.	Does each Pension Plan u	use an	outside Investment	Manager? (If	No, Fiduciary	will not be offered.)		□Yes	□No
83.	Does each Plan subject to	ERIS	A comply with all ap	plicable requi	irements of El	RISA and the Interna	al		
	Revenue Code of 1982, a	s amer	nded (the "Code") in	cluding eligib	ility, participat	ion, vesting, fiduciar	у		
	responsibility and funding	standa	irds? (If no, please a	attach details)			□Yes	□No
84.	In the past two years has	there b	een or is there now	under consid	deration any m	naterial changes to a	Plan or		
	termination / consolidation							□Yes	□No
85.	Has there been or is there	now p	ending any claims(s	s) against any	proposed Ins	sured arising out of a	any Plan		
	(If yes, please attach deta	-						□Yes	□No
86.	Does any proposed Insure	ed have	e knowledge or infor	mation of any	y act, error or	omission which mig	ht give ri	se	

to a claim under the proposed Fiduciary Liability Coverage? (If yes, please attach details)

□No

□Yes

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 andy 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

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.