



Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048
Phone: 800.784.1887, Fax: 508.337.3698

THEATRICAL PROPERTY APPLICATION

1. Name of Applicant: _____
2. Web site Address: _____
3. Location Address: _____
4. Proposed Policy Term: From: _____ To: _____
5. Applicant's Business: _____ Number of Years in Business: _____
6. Contact for Inspection:
Name: _____
E-mail Address: _____ Telephone Number: _____
7. Have you declared bankruptcy or been in receivership within the past five years? Yes No

ANSWER ALL QUESTIONS-IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

GENERAL INFORMATION

8. Title of production: _____
9. Type of production: Drama Comedy Musical Other: _____
Storyline: _____
Dancing?..... Yes No
Number of Performers: _____
10. Describe any and all dancing, special stunts, skating, acrobatics, hazardous activity, scenes involving animals or special equipment needed (e.g., pyrotechnics):

11. If production is touring, what is the means of transporting the property (e.g., props, costumes, lighting, etc)? _____

Estimated Values at Completion	Owned	Rented	Totals
Scenery/Props	\$	\$	\$
Wardrobe/Costumes	\$	\$	\$
Sound Equipment	\$	\$	\$
Lighting Equipment	\$	\$	\$
Estimated Values at Completion	Owned	Rented	Totals
Camera Equipment	\$	\$	\$
Electronic Switchboard/Computers	\$	\$	\$
Musical Instruments/Band Equipment	\$	\$	\$
Winches and Other Computer Technology	\$	\$	\$
Other	\$	\$	\$



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13. Any props or costumes valued in excess of \$25,000? Yes No
If yes, explain: _____

14. How is property protected (e.g., fire fighting equipment, watchmen, etc.)? _____

LIMITS OF INSURANCE

15. Indicate type of production and limits of insurance:

Description of Production	Limit of Insurance
	\$
	\$
	\$
	\$
	\$

ADDITIONAL INFORMATION

16. Insurance carriers during the last three years: _____

17. Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured: _____

18. List any additional information attached with the application: _____

FRAUD WARNING: 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.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.



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NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):

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.



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FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____

AGENT'S NAME: _____ AGENT'S LICENSE NUMBER: _____
(Applicable to Florida agents only)

CONTACT PERSON: _____

CONTACT PERSON'S PHONE NUMBER: _____