

This is a supplemental questionnaire to the ACORD 125 application and Statement of Values (SOV).

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Historic Location	
1. Are any of the organization's locations certified Historic Structures listed on the National Register of Historic Places or are within a certified Historic District and deemed eligible for the National Historic Register? If yes, please list all locations.	
2. Member of the League of Historic American Theatres?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Management/Ownership Information	
1. Who occupies/manages the theatre?	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT
2. If applicant own the building, is it rented/loaned to others? <i>The policy will not cover others who rent your facility; you may be able to purchase additional coverage at the time of each rental.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there emergency procedures in place?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do local authorities require inspection? If "yes", how often? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is there a written security procedure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does management require Certificates of Insurance, GL limits of at least \$1,000,000 from all Vendors, Suppliers, and Contractors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does management require that all Vendors, Suppliers, and Contractors be named as Additional Insureds?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE ATTACH A LIST OF ALL NAMED INSUREDS INCLUDING A DESCRIPTION OF EACH ENTITY.	

General Operations	
1. Type of performances: _____	
2. Are all performance participants and stagehands covered by a worker's compensation policy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are there any performances away from the premises owned or leased by you? If "yes", as respects to these performances: A. How many performances occur annually? _____ B. What are the annual admissions? _____ C. Are there ticket sellers, ticket takers, or ushers for these performances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. As respects to performances at premises owned or leased by the organization: A. How many performances occur annually? _____ B. What are the annual admissions? _____	
5. What is the seating capacity of the theatre? _____	
6. Is the building fully Sprinklered?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Is the building partially Sprinklered? If "yes", what areas of the building are Sprinklered? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are there curtains on stage?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "yes", are they fire resistant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are ushers utilized to assist patrons to seats during performances?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Are aisles lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Is the theatre equipped with emergency lighting?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Are exits lighted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Is there panic hardware on the exits?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. How many exits are there?	
15. Are there secured entry check points?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Is there emergency lighting in case of a power failure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Are there emergency procedures including an emergency evacuation plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Is there balcony seating?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Is there a lowered pit near the stage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Are hydraulics or other mechanical means used to raise and lower stage sections?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Does the theatre operate a school or provide instruction to students? If "yes", indicate the number of students in each age group annually.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Under 12 <input type="checkbox"/> 13 -18 <input type="checkbox"/> 19 and over
22. Are there classes that are open to the public?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Have there been any claims or reported incidents of abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Are reference checks completed on all employees and volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are criminal background checks completed including local, state, and federal sexual offender registries?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Are there written guidelines for reporting and responding to allegations of abuse?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Are there any day or overnight camps?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Is client contact supervised?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Basic Coverage Detail

1. Is there a gift shop? If "yes", please provide a description of items sold and annual receipts.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
2. If the facility is rented to others for events such as meetings, weddings or receptions, what is the annual income from these events?	\$ _____
3. Are there concessionaires operated by the theatre? If "yes", what are the gross annual sales?	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
4. Is there a cafeteria or restaurant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If "yes", is cooking done on premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Are there special events/fundraisers? Coverage for special events is not automatic. If yes, please attach a list of events/fundraisers including the name, dates, and description (e.g., music, food, alcohol, auctions, rides, ticket sales, number of attendees, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Does the theatre have volunteers? If "yes", how many annually?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
8. Is there currently an Accidental Death and Dismemberment Insurance policy for any volunteers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are tour groups accompanied by a guide?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Inland Marine Coverage

Coverage	Limit	Co-Insurance	Valuation	Deductible	Special Conditions	Blanket Coverage
Marquis						<input type="checkbox"/> YES <input type="checkbox"/> NO
Sound Equipment						<input type="checkbox"/> YES <input type="checkbox"/> NO
Lighting Equipment						<input type="checkbox"/> YES <input type="checkbox"/> NO
Wurlitzer						<input type="checkbox"/> YES <input type="checkbox"/> NO
Stained Glass						<input type="checkbox"/> YES <input type="checkbox"/> NO
Fine Arts						<input type="checkbox"/> YES <input type="checkbox"/> NO
Chandeliers						<input type="checkbox"/> YES <input type="checkbox"/> NO
Theatrical Property*						<input type="checkbox"/> YES <input type="checkbox"/> NO
Signs						<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:						<input type="checkbox"/> YES <input type="checkbox"/> NO

*Theatrical Property: Limit includes items such as costumes, sets, props, etc.

Historic Tax Credit

1. Are there Federal, State, or Municipal tax credit incentives attached to any of the organization's locations? If "yes", please describe in detail and include location address.

2. Tax Credit amount:

	Federal Program	State Program	Municipal Program
Year 1	\$	\$	\$
Year 2	\$	\$	\$
Year 3	\$	\$	\$
Year 4	\$	\$	\$
Year 5	\$	\$	\$
TOTALS:	\$	\$	\$

Total Rehabilitation Tax Credit from all sources: \$ _____

Disclaimer and Signature

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.

By: _____ Date: _____

Title: _____

Licensed Producer, Broker, or Agent: _____

License Number: _____ Phone: _____

COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.