



THEATRICAL PRODUCTION APPLICATION

- 1. Name of Production Company (Applicant):
2. Address:
3. Applicant is: [] Individual [] Partnership [] Corporation [] Limited Liability Company
President Vice President
Secretary Treasurer
4. Title of the Production:
5. General Manger:
6. Contact Name & Telephone #:
7. Producer(s):
8. Effective Date Coverage is Desired:
9. Brief Description of Production and Storyline:
10. Type of Production: (Drama, Comedy, Musical, etc.):
Any dance numbers:
11. Describe any specials effects, stunts, acrobatics, skating, hazardous activity, equipment or pyrotechnics, etc:
12. Briefly describe the sets/scenery and other mechanical equipment used in the production:
13. Is a star performer(s), director, choreographer or other individual(s) critical to the success of the production?
(If so, who and why)
14. Total Estimated Cost of the Production (capitalization):
15. Performance Interruption: # of Performances per Week
Gross Earnings per Performance@ Capacity Average Earnings per Performance
Operating expenses per performance @ Capacity # of weeks to rebuild sets Running Costs during rebuild
16. Star Insurance:
Capitalization (Pre-Production) excluding refundable deposits & contingency fund
Weekly Running Costs excluding royalties
Do you want coverage for Box Office – Refunds of Ticket Sales Yes or No Estimated Weekly Box Office Receipts



17. Are you assuming liability for audience/spectators: _____
(Please attach copies of theater lease and any other contract wherein you assume liability)

18. Name and Address of Theater: _____

19. Is show touring? _____
(If so, please provide a complete itinerary including travel dates, theaters, cities and states)

Production Schedule

Auditions start: _____ Where? _____

Rehearsals start: _____ Where? _____

Set Construction: _____ Where? _____

Costume: _____ Where? _____

Previews Begin: _____ Where? _____

Opening Date: _____

20. Number of weeks production is scheduled to run, if less than 1 year: _____

Estimated Replacement Values:

Sets/Scenery/Props: \$ _____
 Wardrobe/Costumes/Wigs: \$ _____
 Lightning & Cameras: \$ _____
 Electronic Switchboard: \$ _____
 Sound Equipment: \$ _____
 Musical Instruments: \$ _____
 Furs, Jewelry, Antiques or
 Objects of Fine Arts: \$ _____
 Backstage Property: \$ _____
 Office Contents: \$ _____
 Other: \$ _____

*Note: If any of the above property will be in temporary storage at a location other than those designated, please provide specifics (address, type of property, value) *See Below*

Continuing Weekly Expenses:

Payroll \$ _____
 Advertising \$ _____
 Office Overhead \$ _____
 Press Agent Expenses \$ _____
 Equipment Rental \$ _____
 Theatre Rental \$ _____
 Taxes, Pension & Insurance \$ _____
 Royalties \$ _____
 Theatre Costs \$ _____
 Theatre Guarantees \$ _____
 Per Diems/Housing \$ _____
 Transportation/Cartage \$ _____

Payroll

Weekly Salaries*

(a) Players, Entertainers and Musicians**	_____
(b) All Others	_____
(c) Ramped Up Payroll for Rehearsal Weeks	_____
(d) Clerical	_____
(e) Press Agent	_____
(f) Drivers	_____
(g) Other	_____
Total Number of	
Males _____	Females _____

Number of members of AEA_____ AGMA_____ ATPAM _____ IATSE_____ AFM_____

**Do not include salary in excess of \$4,625 per week per person in New York. Do not include salary for Actors whose remuneration is in the form of a fee paid to a corporation. Do not include Press Agents who are paid a fee and not a salary.*

***If your musicians are not on stage, their payroll should be reflected in (b) All others.*

Additional Insureds

Attach a list of the names and addresses of all individuals/entities required by contract, to be included as additional insureds and/or loss payees including lessors.

Date: _____	Tel #: _____
Signed: _____	Fax #: _____
Print Name: _____	Fed. I.D. #: _____
Title: _____	Email _____

