



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. Number of Performances per week: _____
16. Estimated (average) earnings per performance: _____
17. Estimated operating expenses per performance: _____





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

19. Name and Address of Theater: _____

20. 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: _____

21. 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 \$ _____



