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a division of JD Fulwiler & Co. Insurance   
5727 SW Macadam Avenue Portland, OR 97239  
877.305.5040 | www.eventinsurancenow.com

**Application for Annual Theatrical/Musical Production Liability**

**Liability Coverage to Include Participant Third Party Liability Claims**

**Applicant Information**   
Contact Name:

Contact is: Owner  Promoter  Other:

Phone Number:       Email Address:        
  
Insured Entity Name:

Insured is: Owner  Promoter  Other:

Street Address:

City, State, Zip:      ,      ,

Name of Event:

Facility Name:

Street Address:

City, State, Zip:      ,      ,

Description of Event:

Desired Effective Date:

Desired Expiration Date:

Number of unique staff/volunteers per calendar year (how many different heads over the course of one year, this includes actors, directors, ushers, stagehands, etc.):

Please fill out the following in regards to any other upcoming planned productions in the next year:

Event Date(s):

Event Description:

Venue or Facility:

Event Date(s):

Event Description:

Venue or Facility:

Does your organization currently utilize a waiver of liability form? Yes No

**Accident medical coverage is required in order to place participant liability coverage.**

Volunteer accident coverage is available. All participants and staff of the policyholder are eligible. Benefits:

* up to $25,000 maximum medical benefit per claim
* up to $5,000 accidental death/dismemberment
* dental benefit: included in maximum medical benefit.

Excess coverage will be offered on formal quote with a deductible.

Will your organization be serving or selling alcohol? Yes No If yes, please describe:

If sold, does the selling entity have a state issued license or permit to sell? Yes No

Has this event been held in the past by this applicant? Yes No

If yes, were there any losses or claims? Yes No

If yes, please describe:

**Additional Insured Information (usually the facility hosting the event)**

Name:

Street Address:

City, State, Zip:      ,      ,

Relationship:

Will you require more than one Additional Insured? Yes No

If yes, please list name, full street address, and relationship:

**Applicant Signature:**

**Printed Applicant Name:** **Date:**

**Broker Information *(if applicable)***

Agency Name:

Representative:        
Email:

Phone Number:

**PLEASE FAX OR EMAIL THE COMPLETED FORM WITH A COPY OF YOUR POLICY TO:**

**email: events@eventinsurancenow.com**

**fax: 503.977.5848**