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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**