



MDP PROGRAMS

## General Liability Application Arts Service Organization/ Non-Profit Organizations

General Information					
First Named Insured					
Mailing Address		City		State	
Contact Person		Phone:		Fax:	
Web Address		Contact's E-Mail Address:			
Effective Date		Federal Tax I.D. #		Years in Business:	
Payroll		Sales/Receipts			
Description of Operations:					

Management/Ownership Information		
Do you own your space?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you own the building, do you rent/loan it to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there emergency procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a written security procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does management require Certificates of Insurance, with GL limits of at least \$1,000,000 from all Vendors, Suppliers and Contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does management require that all Vendors, Suppliers and Contractors be named as Additional Insureds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Complete if you own your space	
Square Footage of Space	Total: _____ Your space: _____
Is the space sprinklered?	Yes <input type="checkbox"/> No <input type="checkbox"/> _____%
Do you have emergency lighting?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are exits lighted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many exits are there?	Yes <input type="checkbox"/> No <input type="checkbox"/>

o you operate a school or provide instruction to students? If yes, indicate the number of students in each age group annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you teach classes that are open to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/> ____ 1 - 12 ____ 13 - 18 ____ 19 +
Estimated Annual Number of Classes	
Estimated Annual Number of Students	
Are Background checks performed on instructors/teachers?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Inland Marine Coverage**

Coverage	Limit	Valuation	Deductible
Sound Equipment			
Lighting Equipment			
Fine Arts			
Theatrical Property			

**Property Coverage**

<b>Location #</b>	<b>Building #</b>		City	State	Zip
<b>Location Address</b>	Year:	Construction:	Sq. Ft.	Stories:	Basement Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Updates</b>	<b>Roof</b>	<b>Electric/Wiring</b>	<b>Heating</b>	<b>Plumbing</b>	<b>Other:</b>
	Year:	Year:	Year:	Year:	Year:
	Materials:	Materials:	Materials:	Materials:	Materials:
<b>Boiler</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Distance to Fire Hydrant</b>	ft	<b>Fire Station</b>	miles <b>Sprinklered</b> %
<b>Fire Alarms</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Manufacturer:</b>		Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	
	<b>Smoke Detectors</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Fire Extinguishers</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>District Name:</b>
<b>Burglar Alarm</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Manufacturer:</b>		Central Station <input type="checkbox"/> Local Gong <input type="checkbox"/>	

**LIMITS**

Coverage	Limit	Co-Insurance	Valuation	Deductible	Special Conditions	Blanket Coverage Y/N
Building						
Business Personal Property						
Business Income with or w/out Extra Expense						

**Workers Compensation**

Classification	Annual Payroll
8810 – Clerical Staff	
9154 – Theatrical Staff – Other (stage crew, management, sound, etc.)	
9156 – Theatrical Performer, Musician, Dancer, etc.	
Other Classification	
Officers/Owners to be Included/Excluded:	
Name/Title and Payroll	

**Umbrella**

Limit of Liability: \_\_\_\_\_

Contact for questions/completed applications:  
Meghan Coleman  
410-547-3183  
info@artsinsuranceprogram.com