



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

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