



BROADWAY 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. Performance Interruption: # of Performances per Week
Gross Earnings per Performance @ Capacity Average Earnings per Performance
Operating expenses per performance @ Capacity # of weeks to rebuild sets Running Costs during rebuild
Operating expense per week if the show is shut down
16. Star Insurance:
Capitalization (Pre-Production) excluding refundable deposits & contingency fund
Weekly Running Costs excluding royalties
Do you want coverage for Box Office - Refunds of Ticket Sales Yes or No Estimated Weekly Box Office Receipts



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

18. Name and Address of Theater: \_\_\_\_\_  
 \_\_\_\_\_

19. 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: \_\_\_\_\_

20. 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 \$ \_\_\_\_\_



**Payroll**

**Weekly Salaries\***

- (a) Players, Entertainers and Musicians\*\* \_\_\_\_\_
  - (b) All Others \_\_\_\_\_
  - (c) Ramped Up Payroll for Rehearsal Weeks \_\_\_\_\_
  - (d) Clerical \_\_\_\_\_
  - (e) Press Agent \_\_\_\_\_
  - (f) Drivers \_\_\_\_\_
  - (g) Other \_\_\_\_\_
- Total Number of                      Males \_\_\_\_\_                      Females \_\_\_\_\_

Number of members of AEA\_\_\_\_\_ AGMA\_\_\_\_\_ ATPAM \_\_\_\_\_ IATSE\_\_\_\_\_ AFM\_\_\_\_\_

*\*Do not include salary in excess of \$4,625 per week per person in New York. Do not include salary for Actors whose remuneration is in the form of a fee paid to a corporation. Do not include Press Agents who are paid a fee and not a salary.*

*\*\*If your musicians are not on stage, their payroll should be reflected in (b) All others.*

**Additional Insureds**

Attach a list of the names and addresses of all individuals/entities required by contract, to be included as additional insureds and/or loss payees including lessors.

Date: \_\_\_\_\_ Tel #: \_\_\_\_\_

Signed: \_\_\_\_\_ Fax #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Fed. I.D. #: \_\_\_\_\_

Title: \_\_\_\_\_ Email \_\_\_\_\_