



WORLD EVENTS INSURANCE SOLUTIONS

CARRIER:

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Arts & Culture Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant quote is not available for accounts with losses in the past five years. If there is loss history, please complete Section I and submit details in a claims supplement.

Applicant name: _____

Location address: _____

City: _____ State: _____ Zip: _____

Mailing address: Check if same as location address or complete below

Street: _____

City: _____ State: _____ Zip: _____

Web address: _____

1. Is this a non profit organization with a tax exempt status as defined by the Internal Revenue Service? Yes No

2. What year did the business start? _____

3. How many years has the applicant been at the current location? _____

4. Annual revenue: \$ _____

5. Please select the type of organization and indicate the total square footage:

Art gallery _____ sq. ft.

Museum _____ sq. ft.

Libraries _____ sq. ft.

Theater/performing arts groups What is the total annual number of performance attendees (annual admissions)? _____

Maximum number of performances held annually: _____

Maximum attendance at any one performance: _____

GENERAL LIABILITY

6. Does the applicant operate or run a day school/camp? Yes No

a. Number of students enrolled in classes annually _____

b. Average number of classes held per week _____

7. Are there any overnight operations involving persons under the age of 21? Yes No

8. Is there any participation by the public in any displays, presentations or exhibits? Yes No

9. Is any space leased to others by the applicant? Yes No

a. Total square footage leased to others _____

b. Does the applicant receive a certificate of insurance from commercial tenants, Yes No

other than self insured governmental entities?

PROPERTY SECTION (COMPLETE FOR EACH BUILDING)

10. Construction:

Frame Joisted masonry Non-combustable Masonry non-combustable

Modified fire-resistive Fire-resistive Other _____

11. Description of building occupancy: _____

12. Protection class: _____

13. Requested cause of loss: Basic Special

14. Requested valuation: Replacement cost Actual cash value

15. Deductible: \$1,000 \$2,500 5,000

16. Coinsurance: 80% 90% 100%

17. a. Building limit: _____ b. Year constructed: _____ c. Square footage: _____

18. Business personal property limit: \$ _____

19. Business income and extra expense limit: \$ _____

DIRECTORS AND OFFICERS / EMPLOYMENT PRACTICES PROFESSIONAL LIABILITY COVERAGES

20. a. Total annual revenue: _____ (If greater than \$2,000,000, attach the most recent 12-month financial statement)

b. If less than three years in operation, annual revenue: year one: _____ year two: _____ year three: _____

21. Total fund balance (Total assets minus total liabilities): _____

22. Full time employees: _____ Part time: _____ Temporary/seasonal: _____ Volunteers: _____

23. Does the organization perform any operations located outside the U.S.? _____

24. If applicant is a museum, is it a governmentally owned museum (municipal, county, etc.)? Yes No

II. GENERAL LIABILITY COVERAGES - ELIGIBILITY CRITERIA

LOSS INFORMATION FOR THE PAST THREE YEARS

25. General liability coverages

If losses have occurred, please provide details below. There have been no losses

Year	Type/Description	Incurred	Open/closed
		\$	
		\$	
		\$	

26. Have there been any past, pending or planned foreclosure and/or bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years? Yes No
27. In the past three years, have there been insurance company cancellations or non-renewals? (not applicable in MO) Yes No
28. Does revenue exceed \$3,000,000? Yes No
29. Has the organization or any of its past or present directors, officers, trustees, committee members and/or employees ever been involved in a lawsuit or claim for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same? Yes No
30. For any building built prior to 1978, is 100% of the used wiring functioning and circuit breakers operational? Yes No
31. Are all exit signs on the premises illuminated? Yes No
32. In any owned building, is there a secondary means of egress provided for each floor (including basement) having public access? Yes No
33. Are there functioning and operational smoke/heat detectors in all units and/or occupancies? Yes No

Abuse and Molestation Liability

34. Does the organization have a hiring process for employees and volunteer workers that includes questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct? Yes No
35. Does the organization require and verify prior employment and personal references on every prospective employee? Yes No
36. Are minors ever left alone with only one adult in any program, service, event or other activity? Yes No
37. Does the organization follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of applicant? Yes No

Art Galleries, Museums, Libraries

38. Are there any restoration operations? Yes No

Theatre/Performing Arts Groups

39. Are certificates of insurance required from all contractors and subcontractors (excluding performers), naming the applicant as an additional insured? Yes No
40. If the applicant leases, rents and/or loans property to others, is the lessee/borrower required to have liability coverage, naming the applicant as an additional insured? Yes No
41. Do all performances end before 12 a.m. (midnight)? Yes No
42. Is there construction of scenery, backdrops or stages over three stories in height and/or use of bulldozers, backhoes, excavators or cranes? Yes No
43. Is there exposure to international performances or operations? Yes No
44. Are there aerial acts performed over audiences? Yes No
45. Do any performances take place in vacant buildings? Yes No
46. Are there pyrotechnic displays? Yes No
47. Does the applicant have any operations as a booking agent or as an event planner? Yes No
48. Does the applicant have any operations, instruction or training involving cheerleading, gymnastics and/or martial arts? Yes No
49. Does the applicant provide or arrange for permanent or temporary housing for staff or performers? Yes No
50. Does the applicant use wild, exotic, non-domesticated or saddle animals in exhibits, presentations or performances? Yes No
51. Does the applicant use weapons of any kind in exhibits, presentations or performances? Yes No

HIRED/NON-OWNED AUTO

Check here if coverage is desired

52. Does the applicant have a business (or commercial) automobile insurance policy in force or own or lease autos on a long term basis? Yes No
53. Does the applicant regularly deliver goods or products? Yes No
54. Does the applicant transport people? If "Yes", proceed to question 56. Yes No
55. Does the applicant require its employees or volunteers to use their personal automobile to conduct the organization's business on a regular basis? If "Yes", proceed to question 56. Yes No
56. Does the organization hire or have non-owned vehicles with passenger capacity exceeding eight passengers? Yes No
57. What is the maximum distance traveled in any vehicle?
 Up to 100 miles 101 - 200 miles 201 - 300 miles Over 300 miles
58. Does the organization require all drivers to maintain a minimum of \$100,000/\$300,000/\$50,000 of personal auto limits? Yes No

III. PROPERTY/INLAND MARINE

LOSS INFORMATION FOR THE PAST THREE YEARS

59. Property inland marine

If losses have occurred, please provide details below. There have been no losses

Year	Type/Description	Incurred	Open/closed
		\$	
		\$	
		\$	

PROPERTY

60. Is there any welding, cutting or spray painting operation? Yes No
61. For any building built prior to 1978, is there any knob-and-tube or aluminum wiring? Yes No
62. For any building built prior to 1978, is 100% of the wiring in use functioning and circuit breakers operational? Yes No
63. Are there functioning and operational smoke and/or heat detectors in all units and/or occupancies? Yes No
64. Are functioning and operational fire extinguishers readily available? Yes No

INLAND MARINE

65. Inland marine Theater property Musical instruments

Schedule of property and equipment for which coverage is requested:

Item	Description (Year, Manufacturer & Model)	Serial Number	Limit of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
*Attach another page if necessary		Total Blanket	\$

66. Blanket coverage description (if requesting blanket coverage) - individual items under \$2,500 in value:

Description	Largest item	Total of items
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
*Attach another page if necessary		Total Scheduled

67. Deductible

- \$500 \$1,000 \$2,500 \$5,000 \$10,000

68. Does the insured lease, loan or rent covered property or equipment to others? Yes No
 69. Is any insured property or equipment on this schedule left unlocked and/or unsecured when not in use? Yes No
 70. Are any objects unique or difficult to replace? Yes No
 71. Do any objects have value beyond their apparent worth due to being rare or collectible? Yes No
 72. Is all insured's covered property or equipment brought back to their place of business at the end of each day? Yes No
 a. If "Yes", is the place of storage protected by a central station alarm system? Yes No

ADDITIONAL INTERESTS

Name	Relationship/Interest	Address	City, State, Zip

IV. NON PROFIT DIRECTORS & OFFICERS/EPL

73. Does the organization have general liability insurance? Yes No
 (Attach a statement of details for all "Yes" answers to the following questions)
 74. Is any entity proposed for insurance involved in any of the following: Yes No
 a) Research, development or testing Yes No
 b) Certification, accreditation or standard-setting Yes No
 c) Disciplinary actions as a result of peer review activities Yes No
 d) Administration or sponsorship of any insurance programs Yes No
 e) Labor/union negotiations or collective bargaining Yes No
 75. Does the applicant have any chapters or subsidiaries requiring coverage? Yes No
 76. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months Yes No
 77. a) Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for Insurance, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance? Yes No
 b) Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against any entity proposed for insurance or any of its directors, officers, trustees, employees or volunteers? Yes No
 78. Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? Yes No

IV. FIDUCIARY (AVAILABLE FOR 100 EMPLOYEES OR LESS)

(All questions must be answered in order for fiduciary liability coverage to be bound.)

79. Does each pension plan use an outside investment manager? Yes No
 80. Does each plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including: eligibility, participation, vesting, fiduciary responsibility and funding standards? Yes No
 81. In the past two years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan? Yes No
 82. Has there been or is there now pending any claim(s) against any proposed Insured arising out of any plan? Yes No
 83. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a "Yes/No" claim under the proposed fiduciary liability coverage? Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____
Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____
City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member or Executive Director

Date: _____