



THEATRE QUESTIONNAIRE

Business Name: _____

Theatre Name: _____

Address: _____

Phone/Fax: _____

Building Type Construction: _____

Building Amount: \$ _____ Contents Amount: \$ _____

Business Interruption: \$ _____ Signs: \$ _____

Year Built: _____ Year(s) Renovated: _____

Number of Stories w/seating (balcony=1+mezz.): _____ Total Stories in building: _____

Square Ft. You Occupy: _____ Normal Operating Hours: _____

Located in mall/strip shopping center (w/adjoining walls)? _____

of Auditoriums _____ Neighboring Businesses? _____

FIRE PROTECTION

Total # Seats: _____ Total # Exits: _____

Total # Fire Exits: _____ Total # Doors w/Panic Hardware: _____

Sprinklered (Y/N) ? _____ Aux. Lights (Y/N) ? _____

Building Alarms: Fire (Y/N) ? _____ Burglar (Y/N) ? _____

Central Station (Y/N) ? _____ Silent or Bell ? _____

SAFE AND MONEY HANDLING - TO BE COMPLETED FOR CRIME COVERAGE

Armored pick-up (Y/N) ? _____ # of pick-ups/week ? _____

If no pick-ups, frequency of bank deposits ? _____

Method of transporting cash to bank ? _____

Distance to bank ? _____ Max. cash on premises ? _____

SAFES

Alarmed (Y/N) ? _____

Location	Make/Model	Lid Thickness	Type of Lock	To Central Station	How Secured

ADMISSIONS/RECEIPTS (ANNUAL BASIS)

Box Office Receipts ? _____ Admissions ? _____

Concessions Receipts ? _____ Liquor Receipts ? _____

Avg. # of Employees ? _____ Total Payroll ? _____

of Employees Handling Money ? _____