

Specialty Insurance Agency
Performers of the US & Vendors of the US

P. O. Box 24
New Richmond, WI 54017-0024
Fax: 715-246-4257
Phone 715-246-8908



Email: steph@specialtyinsuranceagency.com
Websites: www.specialtyinsuranceagency.com

Dear Entertainer,

Thank you for your interest in our commercial general liability policy. The following information pertains to the policy & our services.

The Performers of the U.S. insurance program is designed for the individual who is entertaining the public. The policy provides protection for bodily injury or property damage to others **during your performance**. This application provides a brief outline of coverage. Coverage is subject to all terms, conditions and exclusions stated in the insurance policy.

Operations Not Eligible:

Fireworks, pyrotechnic devices, animals, mammals, fowl, athletic participation, your business employees or subcontractors, hypnotists doing the “human bridge”, trackless trains, moonwalks, jump houses, or other amusement rides and attractions.

The 2009 – 2010 policy limits of coverage are as follows:

Each Occurrence	\$3,000,000	(bodily injury & property damage to others)
Damage to Rented Premises	\$100,000	(to rented premises)
Personal & Advertising Injury	\$3,000,000	(hurting someone's feelings)
General Aggregate	\$4,000,000	(the most the policy will pay out during the policy year)
Products – Completed Op. Agg.	\$4,000,000	(the most the policy will pay out during the policy year)
Medical Expenses	\$5,000	(emergency medical)

Carrier

Coverage underwritten by Lexington Insurance Company; a carrier rated A (excellent)

Deductible: Zero

Premium

Coverage is for an annual term from April 25 to April 25 for \$200.00 per person.

Other Policy Information:

- The policy provides protection for bodily injury or property damage to others **during your performance** in the United States, Canada, & Puerto Rico.
- There is no charge for naming a venue (such as the fair) where you are working as an additional insured.

Additional Insured Certificates:

Certificate requests can be requested through the website, faxed to 715-246-4257 or you can snail mail them to us. To request through the website go to:

- www.specialtyinsuranceagency.com , click on the insurance tab and select performer insurance.
- Click on Online Forms - Certificate Request Form (second line in third column).
- Fill in all the blanks and hit the Email Form button at the bottom of page.

Your request is delivered to a processing location. These requests are normally completed within two to five business days. We ask that you to allow two weeks to process your request in the event that there are complications with required wording.

RETURN THIS PORTION WITH YOUR CHECK.

Hypnotists MUST also include a safety class certificate of completion.

- This Application is for: April 25, 2009 to April 25, 2010 - \$200.00 per person
 October 25, 2009 to April 25, 2010 - \$140.00 per person
 January 25, 2010 to April 25, 2010 - \$100.00 per person
 March 25, 2010 to April 25, 2010 - \$50.00 per person

Single Event - \$125.00 per person for up to seven consecutive days.

List Event Date(s): _____

Make your checks or money orders payable to: **Performers of the U.S.**

First Name:	Middle:	Last Name:
Business or Performer Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email address:		
Description of What You Do (this is what we are insuring you for):		

This is an application for membership. This application provides a brief outline of coverage. Coverage is subject to all terms, conditions and exclusions stated in the insurance policy

Signature: _____

Check the box's below for any certificates you know you need right now.

- | | |
|---|--|
| <input type="checkbox"/> Broward County Board of County Commissioners | <input type="checkbox"/> GymCats West |
| <input type="checkbox"/> California State PTA | <input type="checkbox"/> Horizon Entertainment |
| <input type="checkbox"/> California Fair Service Authority (CFSA) | <input type="checkbox"/> Nassau BOCES |
| <input type="checkbox"/> Circus Circus Hotel & Casino (Las Vegas) | <input type="checkbox"/> Pacific Science Center |
| <input type="checkbox"/> Circus Circus Reno | <input type="checkbox"/> Pier 39 |
| <input type="checkbox"/> City of Boulder – Pearl Street Mall | <input type="checkbox"/> Port of San Francisco |
| <input type="checkbox"/> County of Orange & State of California | <input type="checkbox"/> Simi Valley Unified School District |
| <input type="checkbox"/> Faneuil Hall Marketplace | <input type="checkbox"/> Walt Disney World Entertainment |

Use the space below to request a certificate that is not listed above.

Additional Insured Request

Venue or Event Name:		
Attn:		
Address (required):		
City:	State:	Zip Code:
Fax to:	Email to:	
Event date (not required):		
Additional Insured: (this is normally the venue name)		

Our office hours: Monday – Thursday 9AM – 5PM (Central Time Zone) We are closed on all weekends & holidays.

If you are sending through UPS or FedEx, our street address is: 1961 104th Street (the rest of the address is the same)

Thank you for considering Specialty Insurance Agency & Performers of the U.S. for your insurance needs! Have a great year and keep smiling! Stephanie Weiss

PERFORMERS OF THE U.S.
MEMBERS CODE OF ETHICS

As a member of the Performers of the U.S. association I agree to:

- 1) Keep my act, performance and behavior in good taste while performing for the public.*
- 2) Protect the audience from harm by complying with the established safety requirements and code of ethics.*
- 3) Hypnotist are required to complete a Safety Class and submit a Certificate of Completion with their application. ****
- 4) In the event of a claim, member will complete & submit an Accident Investigation form. Include photos &/or video documentations of the incident for claims handling.*
- 5) Fire performers are encouraged to obtain a permit from the local fire department where you are performing and have safety staff readily available.*

I agree that, adherence to the membership guidelines promotes professional and safe practices that allow us to continue to be respected and successful performers. I fully understand my responsibilities as a member of the Performers of the U.S. association and I understand that disciplinary action, including cancellation of my membership and loss of insurance coverage, could be taken if I do not follow the rules set forth as an association member. I will contact Performers of the U.S. management with any questions about this policy.

Signature: _____

Date: _____

****Please see the safety section on the website.*