

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

PERFORMER POLICY RENEWAL NOTICE

Greetings Everyone! We hope this letter finds you in good health & best wishes to you all in 2010/2011. We would also like to take this opportunity to thank you for your business this past year.

Your current policy will expire on April 25, 2010. The purpose of this notice is to inform you that the 2010 – 2011 Performers of the U.S. policy is now available for purchase! We should be able to start issuing certificates by March 25. Sorry, we do not take credit cards. **To renew you must mail back a signed and dated application with your check or money order.** Hypnotists you must also include a safety class certificate of completion if you have not done so already.

The 2010 – 2011 shared policy limits of coverage for all members 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	\$5,000,000	(the most the policy will pay out during the policy year)
Products – Completed Op. Agg.	\$5,000,000	(the most the policy will pay out during the policy year)
Medical Expenses	\$5,000	(covers the medical expenses of others injured by you)

Premium:

Coverage is for an annual term from April 25 to April 25 for **\$210.00 per person**. Changes to the policy are as follows:

- We have increased the general aggregate to five million dollars due to industry demand.
- Magician's are now approved to use a rabbit &/or a dove in their performance.

Carrier:

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

Deductible: Zero

Other Policy Information:

- The policy provides protection for bodily injury or property damage to others during your training & performance in the United States, Canada, & U.S. owned islands.
- There is **no charge** for naming a venue where you are working as an additional insured.

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. If you're questioning if the insurance covers what you do, then please call to discuss.

Hypnotist Requirement:

On April 25th, 2009 hypnotists were required to complete a safety course for stage performers. You do not need to repeat the course if you already have a safety certificate of completion on file. If you

are a hypnotist and have not completed the course you must submit the safety certificate of completion with your application.

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

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)		

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)		

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)		

APPLICATION

RETURN THIS PORTION WITH YOUR CHECK.

YOUR RENEWAL CANNOT BE PROCESSED WITHOUT A COMPLETED APPLICATION!

Policy period: April 25, 2010 to April 25, 2011 - Policy cost: **\$210.00 per person**

Additional Option: Single Event (Limited to 7 Consecutive Days) - Cost: \$125.00

List Event Dates: _____

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

First Name:	M.I.:	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: _____ **Date:** _____

Application for Second Person

First Name:	M.I.:	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: _____ **Date:** _____

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

*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: _____

Signature: _____ Date: _____

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