

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](mailto:steph@specialtyinsuranceagency.com)  
Websites: [www.specialtyinsuranceagency.com](http://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, trackless trains, moonwalks, jump houses, or other amusement rides and attractions, hypnotists doing the “human bridge”. Magician’s are now approved to use a rabbit &/or dove during their performance.

**The 2011 – 2012 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)
Medical Expenses	\$5,000	(emergency medical to others injured by you)
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)

**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 \$215.00 per person.

**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 if required by the venue.

**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](http://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.**

Policy period:  April 25, 2011 to April 25, 2012 - Policy cost: \$215.00 per person

Reduce Premium Option:  October 25, 2011 to April 25, 2012 - Policy cost: \$150.00 per person  
Note: This reduced premium option will be processed one week prior to the start date.

Reduce Premium Option:  January 25, 2012 to April 25, 2012 - Policy cost: \$100.00 per person  
Note: This reduced premium option will be processed one week prior to the start date.

Reduce Premium Option:  March 25, 2012 to April 25, 2012 - Policy cost: \$50.00 per person  
Note: This reduced premium option will be processed one week prior to the start date.

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:	
Home Phone:	Work or Cell Phone:		Fax:	
Email address:				
<b>Description of What You Do:</b>				

***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: \_\_\_\_\_

<b>Additional Insured Request</b>
Name: Nassau BOCES & its Component School Districts
Attn:
Mailing Address: 71 Clinton Road / P.O. Box 9195
City: Garden City State: NY Zip Code: 11530-9195
<b>Additional Insured:</b>
Nassau BOCES & its Component School Districts
Fax to: 516-997-0319

**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 104<sup>th</sup> 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. Keep open containers and fire away from the public at all times.*

*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.*