

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 2011/2012. 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, 2011. The purpose of this notice is to inform you that the 2011 – 2012 Performers of the U.S. policy is now available for purchase! We should be able to start issuing certificates by March 25.

To renew you must mail back a signed and dated application with your check or money order. Sorry, we do not take credit cards. If you are sending through UPS or FedEx, our street address is: 1961 104th Street (the rest of the address is the same)

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	(covers the medical expenses of 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)

Premium:

Coverage is for an annual term from April 25 to April 25 for **\$215.00 per person**.

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, trackless trains, moonwalks, jump houses, or other amusement rides and attractions, hypnotists doing the “human bridge”. 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 prior to purchasing insurance. 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. **If a hypnotist has a claim they must retake the safety course prior to renewing their policy.**

Safety (A Year in Review):

To keep your policy cost down it is important to always perform safely and not cause injury to others or to another person’s property. I would like to give you overview of the types of claims we had this past year to help you avoid making the same mistakes.

- Performer was asked to provide an award to a contest winner. The award was a moldy stuffed animal which put the winner in the hospital with an allergic reaction.
- Performer was allowing individuals to balance on a large plastic ball. The individual on the ball was distracted and lost balance causing injury to one-self. Accidents can happen.
- Performer accidentally struck a child with a toy in the eye. Truly an accident...mother more upset than child.
- Homeowner was helping to carry Performers equipment and injured herself.
- Volunteer in a hypnosis show fell and connected her cheek to another volunteers knee.
- Performer was rolling around in a round metal cage when a heavy piece of metal broke off and hit a spectator in the head. Please check your equipment prior to your show for unforeseen problems.
- Spectator was having difficulty breathing after a show involving a fire performance and was taken to the hospital.
- Volunteer in a hypnosis show fell off the stage injuring an arm.
- Performer was playing piano in a home and the homeowner claimed scratches on the floor under the piano were from the performer. Maybe make the homeowner aware of property damage before your performance so you’re not blamed? Tough call.
- A very large volunteer in a hypnosis show had chair collapse when he plopped down into it, per instruction, causing bodily damage to a pre-existing back problem.

Other News:

Our client’s biggest complaint is that they have trouble getting through to us on the phone. To better serve you we have added another phone line and when the phone lines are busy your call will now roll to voice mail so you can leave a message. I will also work with the message to try and make it less lengthy during the work hours!

Thank you for considering Specialty Insurance Agency & Performers of the U.S. for your insurance needs! Have a great year, be safe 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)

APPLICATION

RETURN THIS PORTION WITH YOUR CHECK.

YOUR RENEWAL CANNOT BE PROCESSED WITHOUT A COMPLETED APPLICATION!

Policy period: April 25, 2011 to April 25, 2012 - Policy cost: **\$215.00 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:
Home Phone:	Work or Cell 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

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

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:		
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: _____

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: _____

Signature: _____ Date: _____

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