

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



RENEWAL NOTICE

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

Greetings Everyone! I hope this letter finds you in good health & best wishes to you all in 2009/2010. I would also like to take this opportunity to thank you for your business this past year.

PLEASE MAKE NOTE:

Your current policy will expire on April 25, 2009. The purpose of this notice is to inform you that the 2009 – 2010 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. You need to mail the renewal application back to us with your check or money order. **Hypnotists you MUST also include your safety class certificate of completion.**

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

Each Occurrence	\$2,000,000	(bodily injury & property damage to others)
Damage to Rented Premises	\$50,000	(to rented premises)
Personal & Advertising Injury	\$2,000,000	(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	(covers the medical expenses of others injured by you)

Premium:

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

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.

Hypnotist Requirement:

Effective for the policy period starting on April 25th, 2009, Hypnotists must complete a safety course for stage performers prior to renewing your policy. We have added information regarding live and the online class options to the safety page of the website.

RETURN THIS PORTION WITH YOUR CHECK.

This Application is for: April 25, 2009 to April 25, 2010 - \$200.00 per person

YOUR RENEWAL CANNOT BE PROCESSED WITHOUT A COMPLETED APPLICATION!

Hypnotists MUST also include a safety class certificate of completion.

SORRY BUT WE DO NOT ACCEPT CREDIT CARDS!

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

RETURN THIS PORTION WITH YOUR CHECK.

This Application is for: April 25, 2009 to April 25, 2010 - \$200.00 per person

YOUR RENEWAL CANNOT BE PROCESSED WITHOUT A COMPLETED APPLICATION!

Hypnotists MUST also include a safety class certificate of completion.

SORRY BUT WE DO NOT ACCEPT CREDIT CARDS!

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.*