



Performers of the U.S. Entertainer Insurance Application

Specialty Insurance Agency, LLC • P.O. Box 24, New Richmond, WI 54017
 Phone: 715-246-8908 • Fax: 715-246-4257 Email: info@specialtyinsuranceagency.com
 Office Hours: Monday – Thursday 10AM to 5PM (CST) Limited online services available after hours.

Program Description

This insurance program has been designed for the individual U.S. based performer who is a sole proprietor/independent contractor that is entertaining the public. The policy provides protection against bodily injury to a spectator or property damage to performing premises. You must have a U.S. mailing address to be eligible for consideration of coverage under this policy and the premium must be in U.S. dollars.

Operations Not Eligible

These exposures/activities listed are not covered by this program and any resulting claims will be denied: Hypnotists, rigging, instruction to others for aerial, fire or dance, zip line stunts, sky walking, grandstands, fireworks, pyrotechnic devices, your business, your business employees or subcontractors, trackless trains, moonwalks, jump houses or other amusement rides and attractions. Using animals, mammals, fowl in your performance is not allowed. Magicians are approved to use a rabbit and/or dove during their performance.

Carrier

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

- The limits of coverage are per membership and not shared.
- Your coverage starts: when your application is approved; on the date you select; on your renewal date; or date your renewal was processed and goes for one year.

Policy Administrator

Specialty Insurance Agency, LLC is your policy administrator. All requests for service are submitted to Specialty Insurance Agency, LLC.

Coverage Provided Under This Program Includes

Commercial General Liability with Additional Insured Endorsement, Waiver of Subrogation, Primary Non-Contributory Endorsement – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

Legal Liability to Audience Participants – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities.

Medical Payment for Audience Participants – coverage that pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. The coverage is provided on a primary basis.

***Optional Coverage: Business Personal Property - Inland Marine

Inland Marine will cover your business personal property (equipment and costumes) and goods while stored, in transit to a show or while at a show for damage or if stolen. This option is available per policy period. You can add at any time but the coverage will end on your general liability policy expiration date.

Business Personal Property - Inland Marine	Option 1 Limits	Option 2 Limits
Each Occurrence	\$10,000.00	\$25,000.00
Deductible for Covered Losses	\$250.00	\$250.00
Deductible for Theft Losses	\$500.00	\$500.00
Premium Cost	\$200.00	\$375.00

List Your Business Personal Property Below if Adding Inland Marine

*****Optional Coverage: Entertainer Assistant**

The duties of the entertainer’s assistant(s) can be as follows:

Works with the insured for set-up and tear down, helps with the planning and organization of a show or booking, works with contracts, coordinates permits and requesting additional insured certificates, handles prop changes during the show, assists with crowd control, is a staged spectator that is called upon to assist with an act, acts as a safety coordinator. This option is available per policy period. You can add at any time but the coverage will end on your general liability policy expiration date. You can use different assistants. **Key to this coverage:** An assistant is low risk personnel that would not stop the show from going on if they were not there.

*****Optional Coverage: Sexual Abuse and Molestation (SAM)**

Sexual abuse, also referred to as molestation, is abusive sexual behavior by one person upon another. It is often perpetrated using force or by taking advantage of another. When force is immediate, of short duration, or infrequent, it is called sexual assault. The offender is referred to as a sexual abuser or a molester. The term also covers any behavior by an adult or older adolescent towards a child to stimulate any of the involved sexually. The use of a child, or other individuals younger than the age of consent, for sexual stimulation is referred to as child sexual abuse or statutory rape.

- We offer two different coverage limits. This option is available per policy period. You can add at any time but the coverage will end on your general liability policy expiration date.
- Many schools in California and Illinois require that you carry Sexual Abuse and Molestation (SAM) coverage in addition to your general liability coverage before they permit you on the school grounds. Option 2 is what the schools require. At this time option 2 coverage is only available in CA & IL.

Step 1 General Information

Coverage will begin the business day after we receive the completed application with premium and the application is approved by us.

I am a new account I am renewing my coverage

Annual Policy Or 10 day Single Event Coverage Option:

*****Requested Start Date Required:** _____:

Individual’s First Name:	M.I.	Individual’s Last Name:
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Performing Name and/or Business Name
(no LLC or Inc. without letter of sole proprietor acknowledgement=Form SS-4):

6 f h 8 U H	U.S. Mailing Address:		
City:	State:	Zip Code:	
Home Phone:	Cell Phone:	Fax:	
Email address:		Website address:	

Step 2 Check The Boxes Below That Best Describes Your Performance

Group 1

Balloon Twister Circus Side Show Clown Costume Character Comedian
 Hula Hoop Human Statue Juggler Mermaid Mime Pirate
 Santa Stilt-walking Unicycling Other _____

Caricature Artist Face & Body Painter Henna Design Glitter and Airbrush Tattoos

Acrobatics Contortion Gymnastics Hand Balance Rolla-Bolla

Children’s Entertainer Puppeteer Ventriloquist

Gypsy Palm Reading Tarot Readings

<input type="checkbox"/> Escape Artist	<input type="checkbox"/> Illusionist	<input type="checkbox"/> Magician	<input type="checkbox"/> Mentalist
<input type="checkbox"/> Author	<input type="checkbox"/> Emcee	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Storyteller
<input type="checkbox"/> 1 Man Band	<input type="checkbox"/> Band Leader	<input type="checkbox"/> DJ	<input type="checkbox"/> Dancer
<input type="checkbox"/> Musician	<input type="checkbox"/> Singer		
<input type="checkbox"/> Chainsaw Demonstrations			
<input type="checkbox"/> Lumberjack			
<input type="checkbox"/> Rope Tricks			
<input type="checkbox"/> Western Performer			
<input type="checkbox"/> Whip Cracker			
Operations Not Eligible: Trackless trains, moonwalks, jump houses or other amusement rides and attractions, black henna, grandstand bleachers, performing with animals (note: magicians are allowed to perform with rabbits and doves). Use of gun powder is not allowed.			
Group 2			
<input type="checkbox"/> Aerialist	<input type="checkbox"/> Fire Breather	<input type="checkbox"/> Fire Dancer	<input type="checkbox"/> Fire Hula Hoop
<input type="checkbox"/> Fire Performer	<input type="checkbox"/> Other		
Operations Not Eligible: Instruction of others, rigging for other performers, zip line performances, sky walking, high wire over 30 feet, fireworks and pyrotechnic devices.			
Annual Gross Revenue from your performance for the Last Twelve (12) Months			
<input type="checkbox"/> \$0-\$35,000	<input type="checkbox"/> \$35,001-\$100,000	<input type="checkbox"/> \$100,001-\$200,000	<input type="checkbox"/> \$200,001-\$300,000
Note: If you make over \$300,000 you are not eligible for this insurance program. Please contact us for other options.			
Provide a detailed description of your performance below. Attach additional pages if needed.			

Read and Sign

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.

Applicant Signature:	Printed Name:	Date:

Step 3 Select Your General Liability Limits of Coverage, Optional Inland Marine Coverage and Assistant Coverage

You checked boxes above to best describe what you do. These boxes are in two groups.

- Put a check in the **Premium Cost** box for the last group you selected above.
- Check the box for the Option 1 or Option 2 Limits of Coverage that you need.

Commercial General Liability Coverage	Option 1 Limits	Option 2 Limits
Each Occurrence	\$1,000,000	\$3,000,000
General Aggregate	\$2,000,000	\$5,000,000
Products-Completed Operations Aggregate	\$2,000,000	\$5,000,000
Personal and Advertising Injury	\$1,000,000	\$3,000,000
Damage to Rented Premises (Fire Legal Liability)	\$300,000	\$300,000
Medical Expense	\$5,000	\$5,000
Deductible	Zero	Zero
Premium Cost		
<input type="checkbox"/> Group 1	<input type="checkbox"/> \$268.00	<input type="checkbox"/> \$387.00
<input type="checkbox"/> Group 2	<input type="checkbox"/> \$289.00	<input type="checkbox"/> \$414.00
Single Event/Show (10 days or less). You can upgrade to the full policy year at a later date by paying the difference in premium. Call the office to upgrade.		
<input type="checkbox"/> Option 1 or <input type="checkbox"/> Option 2	<input type="checkbox"/> \$132.00	<input type="checkbox"/> \$169.00
OPTIONAL COVERAGES		
Business Personal Property - Inland Marine (see page 1)		
Business Personal Property - Inland Marine	Option 1 Limits	Option 2 Limits
Coverage Limits: Select Option	\$10,000.00	\$25,000.00
Premium Cost	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$375.00
Assistant Coverage (see page 2)		
Name(s):	Description of Duties (Required):	

Sexual Abuse and Molestation Coverage (see page 2)

SAM Coverage	Option 1	Option 2 (CA & IL Only)
Each Occurrence	\$100,000	\$1,000,000
General Aggregate	\$300,000	\$2,000,000
Premium Cost	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$700.00
Total Cost Summary		

Costs are non-refundable once coverage begins. Coverage is contingent upon receipt of a signed, completed application and premium payment. No coverage will be deemed in effect until premium is received by Specialty Insurance Agency, LLC and we verify that we cover what you do.

Commercial General Liability Coverage

Annual Coverage: <input type="checkbox"/> Group 1 <input type="checkbox"/> Option 1 or <input type="checkbox"/> Option 2 <input type="checkbox"/> Group 2 <input type="checkbox"/> Option 1 or <input type="checkbox"/> Option 2	Premium \$
10 day Single Event Coverage: <input type="checkbox"/> Option 1 or <input type="checkbox"/> Option 2	

Business Personal Property - Inland Marine

Coverage Options (from above) <input type="checkbox"/> Option 1 \$10,000 <input type="checkbox"/> Option 2 \$25,000	Premium \$
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Assistant Coverage

Number of Assistants (from above) @ \$95.00 per assistant	Premium \$
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Sexual Abuse and Molestation Coverage

Coverage Options (from above) <input type="checkbox"/> Option 1 \$100,000/\$300,000 <input type="checkbox"/> Option 2 \$1,000,000/\$2,000,000	Premium \$
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Total Cost Due Now	\$
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Select Payment Method

- Check: Please make check payable to Specialty Insurance Agency or Performers of the U.S.
- If you would like to pay with a card, please complete the online application and submit your payment through the website or fax in your application and call in your card number. There is a \$15 service fee per transaction when paying with a credit/debit card.

How To Obtain Coverage

Submit the completed and signed application and corresponding premium payment to:

Mailing Address: Specialty Insurance Agency, LLC Performers of the U.S. P.O. Box 24 New Richmond, WI 54017	Physical Address (for overnight mail): Specialty Insurance Agency, LLC Performers of the U.S. 2076 170 th Street New Richmond, WI 54017
Phone: 715-246-8908 Fax: 715-246-4257	Email: info@specialtyinsuranceagency.com

Requesting Additional Insured Certificates

Some venues require in their written contract that they be named as an additional insured prior to you starting your job. There is no charge for naming a venue where you are working as an additional insured but you do need to submit a written request for a certificate via online through website, fax or mail. We do not take phone or personal email requests. Use the space below to request a certificate you need right away.

Venue Name or Event Name:		
Street Address (required):		
City:	State:	Zip Code:
Email or Fax Number:	Attn:	
Event date (required):		

Additional Insured: Please read your contract for special required language.