



# Performers of the U.S. Upgrade Application

Specialty Insurance Agency, LLC • P.O. Box 24, New Richmond, WI 54017  
Phone: 715-246-8908 • Fax: 715-246-4257

You have selected to purchase single event coverage for one event. You can apply the premium that you paid to the annual premium and upgrade your policy to the full policy year.

### 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 aerialists, fire or dance performers, 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)

### Upgrading to Annual Policy

Your coverage starts on the date you requested for your single event and will go for an annual term.

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

You can now add on an Inland Marine option. This will cover your business personal property and goods while at the show or while in transit. This would cover your equipment and costumes 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.

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

### List Your Business Personal Property Below if Adding Inland Marine


### Step 1 General Information

Coverage will begin the business day after the completed application and premium are received and approved by us.

I am upgrading my coverage to the full policy year.

Individual's First Name:	M.I.	Individual's Last Name:
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Performing Name &/or Business Name (no LLC's or Inc's.):

U.S. Mailing Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Fax:
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Email address:	Website address:
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### 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.***

<b>Applicant Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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### Step 3 Select Your General Liability Limits of Coverage and Optional Inland Marine Coverage

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

1. Put a check in the **Premium Cost** box for the last group you selected above.
2. 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
<b>Premium Cost</b>		
<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
<b>Single Event/Show</b> (10 days or less). You can upgrade to the full policy year by paying the difference in premium. Call the office to upgrade.		
Group 1 & Group 2	<input type="checkbox"/> \$132.00	<input type="checkbox"/> \$169.00

### 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
<b>Premium Cost</b>	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$375.00

**Total Cost Summary For General Liability and Optional Inland Marine Coverage**

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.

<b>Commercial General Liability Coverage</b>		
Select Option (from above) <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		<b>Premium \$</b>

<b>Business Personal Property - Inland Marine</b>		
Select Option (from above) <input type="checkbox"/> Option 1 \$10,000 <input type="checkbox"/> Option 2 \$25,000		<b>Premium \$</b>

<b>Subtract The Amount You Paid For Single Event:</b>		
Option 1: -\$132.00	Option 2: -\$169.00	Subtract - \$

<b>Total Cost Due Now</b>	<b>\$</b>
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**Select Payment Method**

Check: Please make check payable to Performers of the U.S.

Note: 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.

**How To Obtain Coverage**

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

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

**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:		
Attn:		
Address ( <b>required</b> ):		
City:	State:	Zip Code:
Fax to:	Email to:	
Event date ( <b>required</b> ):		

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

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