



## Performers of the U.S. Entertainer Insurance Application

**Mailing address:** 3432 Denmark Avenue #231, Eagan, MN 55123

**Phone:** 715-246-8908 **Fax:** 715-246-8908 **Email:** [info@specialtyinsuranceagency.com](mailto:info@specialtyinsuranceagency.com)

<b>General information:</b>			
<input type="checkbox"/> I am a new account <input type="checkbox"/> I am renewing my coverage			
<b>First name:</b>		<b>M.I.</b>	<b>Last name:</b>
<b>Performer name/business name (no LLC or Inc. without Articles of Organization letter):</b>			
<b>Birth date:</b>		<b>U.S. mailing address:</b>	
<b>City:</b>	<b>State:</b>		<b>Zip code:</b>
<b>Home phone:</b>		<b>Cell phone:</b>	
<b>Email address:</b>		<b>Website:</b>	

<b>Requested start date:</b>
<p>We cannot backdate insurance. Select a date in the future (tomorrow or further out). If you're mailing in your application, please allow 1.5 – 2 weeks for it to arrive. You may also submit this application via email to <a href="mailto:info@specialtyinsuranceagency.com">info@specialtyinsuranceagency.com</a>. Rush, same-day service available upon request.</p>

<b>Check the boxes below that best describe your performance:</b>
<b>Group 1:</b>
<input type="checkbox"/> Balloon Twister <input type="checkbox"/> Bubble Artist <input type="checkbox"/> Circus Side Show Performer <input type="checkbox"/> Clown <input type="checkbox"/> Comedian <input type="checkbox"/> Costumed Character <input type="checkbox"/> Cyclist/Tricyclist <input type="checkbox"/> Globe Walker <input type="checkbox"/> Hula Hooper <input type="checkbox"/> Human Statue <input type="checkbox"/> Juggler <input type="checkbox"/> Mermaid/Merman <input type="checkbox"/> Mime <input type="checkbox"/> Pirate <input type="checkbox"/> Santa/Mrs. Claus <input type="checkbox"/> Stilt Walker <input type="checkbox"/> Unicyclist <input type="checkbox"/> Caricature Artist <input type="checkbox"/> Face and Body Painter <input type="checkbox"/> Glitter/Airbrush Tattoo Artist <input type="checkbox"/> Henna/Jagua Design Artist

**Group 1 (continued):**

☐ Acrobat ☐ Contortionist ☐ Cyr Wheel Performer ☐ German Wheel Performer ☐ Gymnast  
☐ Hand Balance Performer ☐ Rola-Bola Performer ☐ Roller Skater

☐ Children's Entertainer ☐ Puppeteer ☐ Ventriloquist

☐ Palm Reader ☐ Tarot Reader

☐ Escape Artist ☐ Illusionist ☐ Magician ☐ Mentalist

☐ Author ☐ Emcee ☐ Photographer/Photobooth ☐ Public Speaker ☐ Storyteller ☐ Videographer

☐ 1 Man Band ☐ Band Leader ☐ Belly Dancer ☐ Dancer ☐ DJ ☐ Musician ☐ Singer

☐ Chainsaw Demonstrator/Artist ☐ Lumberjack/jill ☐ Rope Tricks Performer

☐ Western Performer ☐ Whip Cracker

**Group 2:**

☐ Aerialist ☐ Angle Grinder ☐ Fire Breather ☐ Fire Dancer ☐ Fire Performer ☐ Knife Thrower

☐ Other: \_\_\_\_\_ ☐ Pole Artist (Aerial, Chinese, Dance)

☐ Tightrope/Tightwire Performer (under 30 feet high)

**Group 3:**

☐ Foam Artist

**Operations not eligible:**

**Group 1:** Trackless trains, moonwalks, jump houses or other amusement rides and attractions, black henna, grandstand bleachers, hypnotists, performing with animals (note: magicians are allowed to perform with rabbits and doves), or high-risk motorized activities. Audience member participation is not allowed with whip cracking. Use of gun powder is not allowed.

**Group 2:** Aerial or fire performing instruction to others, rigging for other performers, zip line performances, sky walking (tight wire), fireworks, pyrotechnic devices, and all of the above listed in Group 1.

**Group 3:** Snow machines, individuals operating a foam cannon other than the named insured, and all of the above listed in Group 1 and Group 2.

**Performance description (attach additional pages if needed):**

**Annual gross revenue from previous year (performing revenue ONLY):**

☐ Up to \$35,000   
 ☐ Up to \$100,000   
 ☐ Up to \$200,000   
 ☐ Up to \$300,000   
 ☐ Up to \$400,000

**Note:** If you make over \$400,000 you are not eligible for this insurance program. Please contact our office for other options.

**Select your general liability limits of coverage:**

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

1. Put a check in the **premium cost** box for the last group you selected above.
2. Check the box for **Option 1** or **Option 2** limits of coverage you need based on the **number of events you do per year**. Events per year are from the previous year.

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 rental property (fire legal liability)	\$300,000	\$300,000
Medial expense	\$5,000	\$5,000
Deductible	Zero	Zero
<b>Premium cost – annual coverage</b>		
<input type="checkbox"/> Group 1	<input type="checkbox"/> <b>\$294</b> (1-19 events) <input type="checkbox"/> <b>\$304</b> (20+ events)	<input type="checkbox"/> <b>\$460</b> (1-19 events) <input type="checkbox"/> <b>\$470</b> (20+ events)
<input type="checkbox"/> Group 2	<input type="checkbox"/> <b>\$316</b> (1-19 events) <input type="checkbox"/> <b>\$326</b> (20+ events)	<input type="checkbox"/> <b>\$490</b> (1-19 events) <input type="checkbox"/> <b>\$500</b> (20+ events)
<input type="checkbox"/> Group 3	<input type="checkbox"/> <b>\$395</b> (1-19 events) <input type="checkbox"/> <b>\$405</b> (20+ events)	<input type="checkbox"/> <b>\$620</b> (1-19 events) <input type="checkbox"/> <b>\$630</b> (20+ events)
<b>Premium cost – single event (up to 10 days)</b>		
<input type="checkbox"/> Group 1	<input type="checkbox"/> <b>\$144</b>	<input type="checkbox"/> <b>\$200</b>
<input type="checkbox"/> Group 2	<input type="checkbox"/> <b>\$166</b>	<input type="checkbox"/> <b>\$230</b>
<input type="checkbox"/> Group 3	<input type="checkbox"/> <b>\$245</b>	<input type="checkbox"/> <b>\$260</b>
<b>Commercial General Liability premium total:</b>		<b>\$</b>

**Performer assistant(s) – optional coverage:**

Please note, an assistant cannot be another performer. The duties of an assistant can be as follows: Works with the insured for set-up and tear down, helps with planning and organization of a show or booking, works with contracts, coordinates permits, requests additional insured certificates, handles prop changes during the show, assists with crowd control, staged spectator called upon to assist with an act, acts as a safety coordinator. **Key to this coverage:** An assistant is a low-risk personnel that would not stop the show from going on if they weren't there.

**Assistant description (attach additional pages if needed):**

Number of assistants you need the policy to cover (\$95 per assistant):

**Performer Assistant premium total:**

**\$**

<b>Inland Marine (business personal property) – optional coverage:</b>		
Inland Marine will cover your business personal property (equipment and costumes) and goods while stored, in transit to/from a show, or while at a show for damage or if stolen.		
<b>Inland Marine – business personal property</b>	<b>Option 1 limits</b>	<b>Option 2 limits</b>
Coverage limits	\$10,000	\$25,000
Deductible for ALL losses	\$500	\$500
<b>Premium cost</b>	<input type="checkbox"/> \$233	<input type="checkbox"/> \$438
<b>List your business personal property below (attach additional pages if needed):</b>		
<b>Inland Marine (business personal property) premium total:</b>		<b>\$</b>

  

<b>Sexual Abuse and Molestation (SAM) – optional coverage:</b>		
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. We offer two different coverage limits. <b>Please note, Option 2 is only available in California and Illinois.</b>		
<b>Commercial General Liability Coverage</b>	<b>Option 1 limits</b>	<b>Option 2 limits (CA/IL only)</b>
Each occurrence	\$100,000	\$1,000,000
General aggregate	\$300,000	\$2,000,000
<b>Premium cost</b>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$750
<b>Sexual Abuse and Molestation (SAM) premium total:</b>		<b>\$</b>

  

<b>Final premium totals:</b>	
Commercial General Liability	<b>\$</b>
Performer Assistant - optional	<b>\$</b>
Inland Marine (business personal property) – optional	<b>\$</b>
Sexual Abuse and Molestation (SAM) - optional	<b>\$</b>
<b>Total cost due now:</b>	<b>\$</b>
<b>Payment methods:</b>	
<p><b>Check:</b> Please make checks payable to Specialty Insurance Agency. Mailing address: 3432 Denmark Avenue #231, Eagan, MN 55123.</p> <p><b>Card:</b> There is a 3.25% processing fee when paying by card. Once completed, email your application to <a href="mailto:info@specialtyinsuranceagency.com">info@specialtyinsuranceagency.com</a> or fax it to 715-246-8908. Once you've sent your application over, give our office a call to pay with a card over the phone. Alternatively, you can complete the online application and pay by card that way.</p>	

  

<b>Read and sign:</b>		
<i>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 which can be viewed from your online client dashboard.</i>		
<b>Applicant signature:</b>	<b>Printed name:</b>	<b>Date:</b>