



# Performers of the U.S. Santa Insurance Application

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

## Program Description

This insurance program has been designed for the individual U.S. based Santa and Mrs. Clause or Santa and an Elf/Helper.

Coverage is for the holiday season only. Coverage will go from November to the end of December.

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, 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 on the date you purchase or your renewal date and goes for one year.
- You are listed as the Insured instead of our association name Performers of the U.S.

## 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.

## Policy Administrator

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

### Step 1 General Information

**This coverage will be only for the holiday season. Coverage dates will be from November 1 to December 31. If you need coverage to start a little sooner, let us know.**

I am a new account     I am renewing my coverage

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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**Provide a detailed description of your performance below. Attach additional pages if needed.**

### Step 2 Select Your General Liability Limits of Coverage

We are offering two different limits of coverage options. Check you contracts to determine what coverage limits are required.

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
Medical Payments for Audience Participants	\$5,000	\$5,000
Deductible	Zero	Zero
<b>Premium Cost</b>	<b>\$180.00</b>	<b>\$230.00</b>

#### Total Cost Summary For General Liability

Costs are non-refundable once coverage begins. Coverage is contingent upon receipt of a signed, completed enrollment form and premium payment. No coverage will be deemed in effect until premium is received by Specialty Insurance Agency.

Commercial General Liability Coverage			Premium \$
Select Option (from above)	<input type="checkbox"/> Option 1    1M/2M <input type="checkbox"/> Option 2    3M/5M	<b>\$180.00</b> <b>\$230.00</b>	

### 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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**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 enrollment form and submit your payment through the website or fax in your enrollment form and call in your card number.

**How To Obtain Coverage**

Submit the completed and signed enrollment form 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<sup>th</sup> Street  
New Richmond, WI 54017

Phone: 715-246-8908 Fax: 715-246-4257

Email: [info@specialtyinsuranceagency.com](mailto: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 requests. Use the space below to request a certificate you need right away.

Venue Name or Event Name:

Attn:

Address (**required**):

City:

State:

Zip Code:

Fax to:

Email to:

Event date (**required**):

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