



# Performers of the US Entertainer Insurance Application

Specialty Insurance Agency • 3432 Denmark Ave #231, Eagan, MN 55123  
 Phone: 715-246-8908 • Fax: 715-246-8908 Email: [info@specialtyinsuranceagency.com](mailto: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 US-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 US mailing address to be eligible for consideration of coverage under this policy and the premium must be in US dollars.

### Operations Not Eligible

These exposures/activities listed are not covered by this program and any resulting claims will be denied: Hypnotism, rigging, instruction to others, 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, or 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. Coverage is for one year (unless a Single-Event policy is issued).

### 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
<b>Premium Cost</b>	<b>\$206.00</b>	<b>\$386.00</b>

### 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 setup 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 many schools require. At this time Option 2 coverage is only available in CA & IL.

**General Information**

Coverage will begin 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    or     14-day Single-Event Coverage Option

**\*\*\*Requested Start Date Required:** \_\_\_\_\_ :

Individual's First Name:

M.I.

Individual's Last Name:

Performing Name and/or Business Name

(no LLC or Inc. without letter of sole proprietor acknowledgement Form SS-4):

Birth Date:

US Mailing Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Fax:

Email address:

Website address:

**Check the Boxes Below That Best Describes Your Performance:****Group 1**

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Balloon Twister   | <input type="checkbox"/> Bubbles/Foam      | <input type="checkbox"/> Circus Side Show | <input type="checkbox"/> Clown                        | <input type="checkbox"/> Costume Character                     |
| <input type="checkbox"/> Comedian          | <input type="checkbox"/> Hula Hoop         | <input type="checkbox"/> Human Statue     | <input type="checkbox"/> Juggler                      | <input type="checkbox"/> Mermaid <input type="checkbox"/> Mime |
| <input type="checkbox"/> Pirate            | <input type="checkbox"/> Santa             | <input type="checkbox"/> Stilt-walking    | <input type="checkbox"/> Unicycling                   | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Caricature Artist | <input type="checkbox"/> Face/Body Painter | <input type="checkbox"/> Henna Design     | <input type="checkbox"/> Glitter and Airbrush Tattoos |  |
| <input type="checkbox"/> Acrobatics        | <input type="checkbox"/> Contortion        | <input type="checkbox"/> Gymnastics       | <input type="checkbox"/> Hand Balance                 | <input type="checkbox"/> Rola Bola                             |

<input type="checkbox"/> Children's Entertainer	<input type="checkbox"/> Puppeteer	<input type="checkbox"/> Ventriloquist	
<input type="checkbox"/> Gypsy	<input type="checkbox"/> Palm Reading	<input type="checkbox"/> 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, or performing with animals (note: magicians are allowed to perform with rabbits and doves). Use of gun powder is not allowed. For a more complete list, visit our website at [www.specialtyinsuranceagency.com](http://www.specialtyinsuranceagency.com).

**Group 2**

<input type="checkbox"/> Aerialist	<input type="checkbox"/> Fire Breather	<input type="checkbox"/> Fire Dancer	<input type="checkbox"/> Fire Performer
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**Operations Not Eligible:** Instruction of others, rigging for other performers, zip line performances, sky walking, high wire over 30 feet, fireworks, and pyrotechnic devices. For a more complete list, visit our website at [www.specialtyinsuranceagency.com](http://www.specialtyinsuranceagency.com).

**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
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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.*

<b>Applicant Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>
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**Select Your General Liability Limits of Coverage, Optional Inland Marine Coverage, Assistant, and/or SAM 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
<b>Premium Cost – Annual Coverage</b>		
<input type="checkbox"/> Group 1	<input type="checkbox"/> \$276.00	<input type="checkbox"/> \$406.00
<input type="checkbox"/> Group 2	<input type="checkbox"/> \$298.00	<input type="checkbox"/> \$435.00
<b>Premium Cost – 10-day Single Event/Show</b>		
<input type="checkbox"/> Option 1      or <input type="checkbox"/> Option 2	<input type="checkbox"/> \$136.00	<input type="checkbox"/> \$177.00

<b>Premium Cost – 14-day Single Event/Show</b>		
<input type="checkbox"/> Option 1      or <input type="checkbox"/> Option 2	<input type="checkbox"/> \$193.00	<input type="checkbox"/> \$201.00
<b>OPTIONAL COVERAGES</b>		
<b>Business Personal Property - Inland Marine (see page 1)</b>		
	<b>Option 1 Limits</b>	<b>Option 2 Limits</b>
Coverage Limits: Select Option	\$10,000.00	\$25,000.00
<b>Premium Cost</b>	<input type="checkbox"/> \$206.00	<input type="checkbox"/> \$386.00
<b>Assistant Coverage (see page 2)</b>		
Name(s):	Description of Duties <b>(Required)</b> :	
<b>Sexual Abuse and Molestation Coverage (see page 2)</b>		
	<b>Option 1</b>	<b>Option 2 (CA &amp; IL Only)</b>
Each Occurrence	\$100,000	\$1,000,000
General Aggregate	\$300,000	\$2,000,000
<b>Premium Cost</b>	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$700.00
<b>Total Cost Summary</b>		

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>			
Annual Coverage:	<input type="checkbox"/> Group 1, Option 1	<input type="checkbox"/> Group 1, Option 2	
	<input type="checkbox"/> Group 2, Option 1	<input type="checkbox"/> Group 2, Option 2	
	10-day Single Event Coverage:	<input type="checkbox"/> Option 1	
14-day Single Event Coverage	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<b>Premium \$</b>
<b>Business Personal Property - Inland Marine</b>			
Coverage Options:	<input type="checkbox"/> Option 1 \$10,000	<input type="checkbox"/> Option 2 \$25,000	<b>Premium \$</b>
<b>Assistant Coverage</b>			
Number of Assistants (from above) @ \$95.00 per assistant			<b>Premium \$</b>
<b>Sexual Abuse and Molestation Coverage</b>			
Coverage Options:	<input type="checkbox"/> Option 1 \$100,000/\$300,000	<input type="checkbox"/> Option 2 \$1,000,000/\$2,000,000	<b>Premium \$</b>
<b>Total Cost Due Now</b>			<b>\$</b>
<b>Select Payment Method</b>			
<ul style="list-style-type: none"> <li>• Check: Please make check payable to Specialty Insurance Agency or Performers of the US</li> <li>• 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.</li> </ul>			
<b>How To Obtain Coverage</b>			

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

<b>Mailing Address:</b> Specialty Insurance Agency Performers of the US 3432 Denmark Ave #231 Eagan, MN 55123	
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 online through website, fax, or mail. We do not take phone or 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.
