

PROGRAM DESCRIPTION

This program has been designed for U.S.-based performing groups who work on an independent contractor basis entertaining at events and performances. Coverages provided include important protection for the performing group for liability claims arising out of their operations.

The following criteria must be met to be eligible for coverage under this program:

- All groups must have a least one member or representative who is at least 18 years of age
- Annual gross income from the performing group activities cannot exceed \$500,000
- No more than 30 members in a performing group
- No more than 2,500 in attendance at an event where you are performing

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

INELIGIBLE OPERATIONS/MUSIC GENRES

Operations and music genre not eligible for this program include, but are not limited to the following:

- Acrobatic/aerialist performer
- Circus performer
- Escape artist
- Exotic dancers/strippers
- Historical battle re-enactment groups
- Instruction of other individuals for a fee
- Jousts
- Mascots (college, high school, professional)
- Bands and groups with music genres of alternative, grunge, hip hop, punk and rap
- Performers putting on an athletic exhibition
- Performers using weapons (live ammunition or sharpened blades)
- Pyrotechnician
- Strength performer
- Stunt performer

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverages terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

ELIGIBLE OPERATIONS/MUSIC GENRES

Operations:

- Non-touring bands (tribute, wedding, garage)
- Choral groups
- DJ's/ KJ's
- Drum corps/bugle corps
- Musical ensembles (quartets, duos, instrumental)

Music Genres*:

- Big band
- Bluegrass
- Blues
- Classical
- Country
- Ethnic/world
- Folk
- Jazz
- Oldies
- Pop/soft rock
- R&B
- Religious/gospel
- Swing

* Other genres are subject to underwriting approval.

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB For more information or applications view us online at www.shoffdarby.com

OR

Submit this enrollment form, with payment, to Shoff Darby.



E-MAIL steeves@shoffdarby.com



FAX 1-203-268-0687



MAIL Shoff Darby Companies
100 Technology Dr. Suite 200
Trumbull, CT 06611



QUESTIONS Call 1-800-840-7762

EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal)
- Asbestos
- Body surfing and mosh pits
- Employment-related practices
- Events hosted/organized by the performing group
- Events with an attendance of more than 2,500
- Fireworks (exclusion does not apply to flashboxes)
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy
- Ownership of an owned facility for performances
- Personal and advertising injury
- Throwing of object(s) into the audience during a performance

COVERAGE AND LIMITS

Coverage provided under this program includes:

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL)	Limits	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Personal and Advertising Injury	Excluded	Excluded	Excluded	Excluded	Excluded
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	Excluded	Excluded	Excluded	Excluded	Excluded
Medical Payments for Participants (\$0 deductible)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Annual Rates (based on annual income)					
\$ 30,000 or less	\$ 500.00	\$ 750.00	\$ 1,000.00	\$ 1,250.00	\$ 1,500.00
\$ 30,001 - \$100,000	\$ 1,000.00	\$ 1,500.00	\$ 1,750.00	\$ 2,000.00	\$ 2,250.00
\$100,001 - \$200,000	\$ 1,500.00	\$ 2,250.00	\$ 2,625.00	\$ 2,875.00	\$ 3,125.00
\$200,001 - \$300,000	\$ 2,000.00	\$ 3,000.00	\$ 3,500.00	\$ 3,800.00	\$ 4,050.00
\$300,001 - \$400,000	\$ 2,500.00	\$ 3,750.00	\$ 4,375.00	\$ 4,750.00	\$ 5,025.00
\$400,001 - \$500,000	\$ 3,000.00	\$ 4,500.00	\$ 5,250.00	\$ 5,700.00	\$ 6,030.00
Single Event Coverage (per event)	\$ 153.00	\$ 230.00	\$ 480.00	\$ 730.00	\$ 980.00

* Florida applicants are subject to a 1.3% state mandated Hurricane Catastrophe Fund assessment fee.

Commercial General Liability – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

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

Medical Payments for Participants – coverage that pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your covered activities. This coverage is primary. Participant means: any person involved in audience participation or an interactive component of an insured’s performance or entertainment activity. Participant does not include the named insured or a spectator.

FREQUENTLY ASKED QUESTIONS

1. What name should be listed on enrollment form?

For coverage to extend to all members of the group, it is important to provide the full and/or legal name of the group. If performing under a stage or another name, include that name on the "doing business as" line.

2. How soon does coverage start? When will we receive proof of coverage?

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

3. When should I make our coverage effective?

The effective date is the date you need your insurance to start. If you are renewing coverage with us, use the expiration date of your coverage. Coverage will be in effect for one year.

4. I have been asked by the facility/event where I will be working to add them as an additional insured to my policy. What does this mean and how do I do that?

An additional insured is an entity which has an insurable interest for claims arising out of your negligence as the named insured. Such possible entities are a landlord or sponsor. By providing an entity additional insured status they now are entitled to defense and indemnity (if policy limits have not been exhausted) under your policy with no responsibility for premium payments.

You can add an entity as an additional insured under the certificate request section of the enrollment form. Please remember to provide their complete name, address and relationship to you. All requests must be made in writing.

5. If I need to request another certificate of insurance, how do I do this?

A written request from the insured is required. A certificate request form will be sent with your coverage documents that can be mailed, faxed or e-mailed to us. Please allow adequate time for processing.

6. Will I receive a policy after submitting the enrollment form?

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to us.

Shoff Darby Enrollment Form - Performing Groups

Companies, Inc. Valid for effective dates from 4/1/11 through 3/31/12

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Shoff Darby reserves the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

1. Complete all sections (print legibly)
2. Sign and date where required
3. Remit completed enrollment form (pages 4-8) with payment

GENERAL INFORMATION

I am a new account

I am renewing my coverage

Named insured (as it should appear on the policy): _____

(the legal name of the group; typically the name that would appear on any contracts or agreements)

Doing business as (DBA): _____

(additional name(s) under which the named insured operates)

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact name: _____ Phone: (____) _____

Cell: (____) _____ Fax: (____) _____

E-mail: _____ Website: _____

DATES

Coverage will begin the day after the completed enrollment form and premium are received and approved by Shoff Darby, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION

Type of group (check all that apply):

- Band (tribute, wedding, garage) Choral groups Drum corps
 Bugle corps DJ or KJ Musical ensembles (quartets, duos, instrumental)
 Other - subject to approval (please describe): _____

Indicate the type of music genres performed and the % of each (check all that apply):

- Big band _____% Ethnic/world _____% Pop/soft rock _____%
 Bluegrass _____% Folk _____% R&B _____%
 Blues _____% Jazz _____% Religious/gospel _____%
 Classical _____% Oldies _____% Swing _____%
 Country _____% Other (please describe): _____%

Type of venues where group performs and the % at each (check all that apply):

- Auditoriums _____% Nightclubs _____% Reception halls _____%
 Bars _____% Outdoor venues _____% Schools/universities _____%
 Other (please describe): _____%

Are any of the events where the group performs part of a promoted tour? Yes No
 What are the groups' annual receipts/revenues? \$ _____
 How many members are in the performing group? _____
 Is at least one member or representative of the group 18 years of age? Yes No
 Do you conduct operations outside the US? Yes No
 If yes, where and how often? _____
 Do your performances include any of the following: Yes No

- Animals • Circus act • Mosh pits • Weapons (live ammunition/sharpened blades)
- Athletic activity • Fireworks • Stunts • 2,500 or more in attendance
- Body surfing • Hot wax impressions • Throwing of object(s) into the audience during a performance

Note: The exposures/activities listed above are not covered by this program and any resulting claims will be denied.

Annual Coverage

Annual Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
\$ 30,000 or less	<input type="radio"/> \$ 500.00	<input type="radio"/> \$ 750.00	<input type="radio"/> \$1,000.00	<input type="radio"/> \$1,250.00	<input type="radio"/> \$1,500.00
\$ 30,001 - \$100,000	<input type="radio"/> \$1,000.00	<input type="radio"/> \$1,500.00	<input type="radio"/> \$1,750.00	<input type="radio"/> \$2,000.00	<input type="radio"/> \$2,250.00
\$100,001 - \$200,000	<input type="radio"/> \$1,500.00	<input type="radio"/> \$2,250.00	<input type="radio"/> \$2,625.00	<input type="radio"/> \$2,875.00	<input type="radio"/> \$3,125.00
\$200,001 - \$300,000	<input type="radio"/> \$2,000.00	<input type="radio"/> \$3,000.00	<input type="radio"/> \$3,500.00	<input type="radio"/> \$3,800.00	<input type="radio"/> \$4,050.00
\$300,001 - \$400,000	<input type="radio"/> \$2,500.00	<input type="radio"/> \$3,750.00	<input type="radio"/> \$4,375.00	<input type="radio"/> \$4,750.00	<input type="radio"/> \$5,025.00
\$400,001 - \$500,000	<input type="radio"/> \$3,000.00	<input type="radio"/> \$4,500.00	<input type="radio"/> \$5,250.00	<input type="radio"/> \$5,700.00	<input type="radio"/> \$6,030.00

Florida Applicant Annual Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
\$ 30,000 or less	<input type="radio"/> \$ 506.50	<input type="radio"/> \$ 759.75	<input type="radio"/> \$1,013.00	<input type="radio"/> \$1,266.25	<input type="radio"/> \$1,519.50
\$ 30,001 - \$100,000	<input type="radio"/> \$1,013.00	<input type="radio"/> \$1,519.50	<input type="radio"/> \$1,772.75	<input type="radio"/> \$2,026.00	<input type="radio"/> \$2,279.25
\$100,001 - \$200,000	<input type="radio"/> \$1,519.50	<input type="radio"/> \$2,279.25	<input type="radio"/> \$2,659.13	<input type="radio"/> \$2,912.38	<input type="radio"/> \$3,165.63
\$200,001 - \$300,000	<input type="radio"/> \$2,026.00	<input type="radio"/> \$3,039.00	<input type="radio"/> \$3,545.50	<input type="radio"/> \$3,849.40	<input type="radio"/> \$4,102.65
\$300,001 - \$400,000	<input type="radio"/> \$2,532.50	<input type="radio"/> \$3,798.75	<input type="radio"/> \$4,431.88	<input type="radio"/> \$4,811.75	<input type="radio"/> \$5,090.33
\$400,001 - \$500,000	<input type="radio"/> \$3,039.00	<input type="radio"/> \$4,558.50	<input type="radio"/> \$5,318.25	<input type="radio"/> \$5,774.10	<input type="radio"/> \$6,108.39

Single Event Coverage

Single Event/Show	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
	<input type="radio"/> \$ 153.00	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 480.00	<input type="radio"/> \$ 730.00	<input type="radio"/> \$ 980.00
Florida Applicant Single Event/Show	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Option 3 \$3,000,000 CGL Limit	Option 4 \$4,000,000 CGL Limit	Option 5 \$5,000,000 CGL Limit
	<input type="radio"/> \$ 154.99	<input type="radio"/> \$ 232.99	<input type="radio"/> \$ 486.24	<input type="radio"/> \$ 739.49	<input type="radio"/> \$ 992.74

Event name: _____ Event date(s): ____/____/____
 Event location: _____

DOCUMENT DELIVERY

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

CERTIFICATE REQUESTS

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____
 Mailing address: _____
 City: _____ State: _____ Zip: _____

Relationship to named insured:

- Owner/lessor of premises Sponsor Co-promoter Franchisor Mortgagee
- Other (please identify/explain): _____

Special certificate language needed (please explain/attach): _____

Date certificate needed by: ____ / ____ / ____

If applicable:

RE: Date(s) of event/activity: ____ / ____ / ____ to ____ / ____ / ____
 Type of event/activity: _____ Name of event/activity: _____
 Location of event/activity: _____

FOR OFFICE USE ONLY

Rec: ____ / ____ / ____ Status: N R Broker: Y N Comm: ____ %
 Exp Policy #: _____ Exp Dates: ____ / ____ / ____ to ____ / ____ / ____
 Cert #: _____ Insured #: _____
 Option: _____ Premium: \$ _____ Pay Plan: 100 Bill: AB AD CBG
 Eff/Exp: ____ / ____ / ____ to ____ / ____ / ____ Delivery: M F E Date: ____ / ____ / ____
 A&M IM D&O EX WC Opt Form: 2026 2011 2404 8016 8018 876 2404
 Policy #: _____ Cert #: _____ Comments: _____

PAYMENT INFORMATION

- Check: Please make check payable to Shoff Darby Companies, Inc. Enclosed is check # _____ for \$ _____
- Credit Card: If you are making your payment by credit/debit card, please complete the following:
 - VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

I authorize Shoff Darby Companies, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

READ AND SIGN

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing-either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); Asbestos; Body surfing; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Events hosted/organized by the performing group; Events with an attendance of more than 2,500; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means a device used to create a visual effect along with an explosive noise and is induced electronically in a cylinder with no projectile, wadding or wrapping); Fungi or bacteria; Haunted attractions; Lead; Mosh pits; Nuclear energy liability; Ownership of an owned facility for performances; Personal and advertising injury; Performer (Injury or death to any performer or entertainer during any activity, event or exhibition including but not limited to any stunt, concert, show or theatrical event.); Personal and Advertising Injury; Rodeos; Saddle animals; Snowmobile; Throwing of object(s) into the audience during a performance; Those operations listed as ineligible: Acrobatic/aerialist performer, Circus performer, Escape artist, Exotic dancers/strippers, Historical battle re-enactment groups, Instruction of other individuals for a fee, Jousts, Mascots (college, high school, professional), Bands and groups with music genres of alternative, hip hop, rap, punk and grunge; Performers putting on an athletic exhibition, Performers using weapons (live ammunition or sharpened blades), Pyrotechnicians, Strength performer, Stunt performer

WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant signature: _____ Date: _____

Printed name: _____ Title: _____

Named insured (from page 4): _____