

PROGRAM DESCRIPTION

This program has been designed for individual U.S.-based entertainers and performers who work on an independent contractor basis as an historical reenactor performing and entertaining at local fairs and festivals. Coverages provided include important liability protection for the entertainer or performer for liability claims arising out of their operations including the sale of those items made by the entertainer or performer.

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

- Must be a least 18 years of age
- Annual gross income from the entertainer's or performer's activities cannot exceed \$100,000
- Must dress and/or speak in the historical era the entertainer or performer is representing

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

INELIGIBLE OPERATIONS

Entertainers and/or performers not eligible for this program include but are not limited to the following:

- Acrobatic/aerialist performer
- Circus performer
- DJ or KJ
- Escape artist
- Exotic dancer
- Group acts or bands
- Historical battle re-enactments (actual event)
- Hot wax impressions
- Hypnotist
- Jousting
- Mascot (college, high school, professional)
- Performer putting on an athletic exhibition
- Performer using animals in their performance
- Performer using weapons (live ammunition or sharpened blades)
- Pyrotechnician
- Strength performer
- Stripper
- 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 coverage 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 Shoff Darby Companies.

ELIGIBLE OPERATIONS

An individual that works on an independent contractor basis portraying a historical person by dressing in the era and/or speaking the language of the era.

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 - limited small animals coverage is provided - see full exclusion on page 6)
- Asbestos
- Employment-related practices
- Fireworks (exclusion does not apply to flashboxes)
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy liability
- Personal and advertising injury

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line 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, Inc.
100 Technology Drive, Suite 200
Trumbull, CT 06611



QUESTIONS Call **1-800-840-7762**

COVERAGES AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability	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)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Medical Payments for Participants	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Rates (based on annual income)					
Reenactor whose operations include products being sold	\$30,000 or less	\$ 220.00	\$ 330.00	\$ 580.00	\$ 830.00
	\$30,001 - \$100,000	\$ 330.00	\$ 495.00	\$ 745.00	\$ 995.00
Reenactor whose operations do not include products being sold	\$30,000 or less	\$ 200.00	\$ 300.00	\$ 550.00	\$ 800.00
	\$30,001 - \$100,000	\$ 300.00	\$ 450.00	\$ 700.00	\$ 950.00

Coverage provided under this program includes:

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. The coverage is provided on a primary basis.

FREQUENTLY ASKED QUESTIONS

1. What name should be listed on enrollment form as the Named Insured?

Because this program provides coverage for the entertainer or performer as an individual, provide the full legal name of the entertainer/performer to be covered. If performing under a stage or other name, include that name on the “Doing Business As” line.

2. How soon does coverage start? When will I 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. 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.

4. 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: Shoff Darby Companies, Inc., 100 Technology Drive, Suite 200 Trumbull, CT 06611.

Shoff Darby Companies, Inc. Enrollment Form

Entertainer and Performer-Reenactor Program

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 3-6) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Individual's full name (as it should appear on the policy): _____
	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.)
	<input type="radio"/> Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION	Type of entertainer/performer (check all that apply):
	<input type="radio"/> Actor portraying historical person <input type="radio"/> Musician, singer or vocalist <input type="radio"/> Western performer <input type="radio"/> Craft/art vendor <input type="radio"/> Story teller <input type="radio"/> Other (subject to approval), please describe: _____
	Does your annual gross income as an reenactor exceed \$100,000? <input type="radio"/> Yes <input type="radio"/> No
	Are you age 18 or older? <input type="radio"/> Yes <input type="radio"/> No
	Do you conduct operations outside the US? <input type="radio"/> Yes <input type="radio"/> No
	Do your performances include any of the following: <input type="radio"/> Yes <input type="radio"/> No
	Animals* Fire (fireworks, pyrotechnics) Stunts and/or strength acts Athletic activity Hot wax impressions Tattooing or body piercing Circus act Hypnotism Weapons (live ammunition/sharpened blades)
	Note: the exposures/activities listed above are not covered by this program and any resulting claims will be denied.
	*Limited small animal coverage is provided - see exclusion on page 6.
	Do you dress in period costumes and/or speak the period language? <input type="radio"/> Yes <input type="radio"/> No If you are making a product, do you also sell it? <input type="radio"/> Yes <input type="radio"/> No

PREMIUMS ARE 100% FULLY EARNED AND NON REFUNDABLE ONCE COVERAGE BEGINS

**PREMIUM
(CHOOSE ONE)**

Annual Income Reenactor whose operations include products being sold	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"/> \$ 220.00	<input type="radio"/> \$ 330.00	<input type="radio"/> \$ 580.00	<input type="radio"/> \$ 830.00	<input type="radio"/> \$ 1,080.00
\$30,001 - \$100,000	<input type="radio"/> \$ 330.00	<input type="radio"/> \$ 495.00	<input type="radio"/> \$ 745.00	<input type="radio"/> \$ 995.00	<input type="radio"/> \$ 1,245.00
Florida Applicants \$30,000 or less	<input type="radio"/> \$ 222.86	<input type="radio"/> \$ 334.29	<input type="radio"/> \$ 587.54	<input type="radio"/> \$ 840.79	<input type="radio"/> \$ 1,094.04
Florida Applicants \$30,001 - \$100,000	<input type="radio"/> \$ 334.29	<input type="radio"/> \$ 501.44	<input type="radio"/> \$ 754.69	<input type="radio"/> \$1,007.94	<input type="radio"/> \$ 1,261.19

Annual Income Reenactor whose operations DO NOT include products being sold	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"/> \$ 200.00	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 550.00	<input type="radio"/> \$ 800.00	<input type="radio"/> \$ 1,050.00
\$30,001 - \$100,000	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 450.00	<input type="radio"/> \$ 700.00	<input type="radio"/> \$ 950.00	<input type="radio"/> \$ 1,200.00
Florida Applicants \$30,000 or less	<input type="radio"/> \$ 202.60	<input type="radio"/> \$ 303.90	<input type="radio"/> \$ 557.15	<input type="radio"/> \$ 810.40	<input type="radio"/> \$ 1,063.50
Florida Applicants \$30,001 - \$100,000	<input type="radio"/> \$ 303.90	<input type="radio"/> \$ 455.85	<input type="radio"/> \$ 709.10	<input type="radio"/> \$ 962.35	<input type="radio"/> \$ 1,215.60

**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. 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: Date(s) of event/activity: _____ / _____ / _____ to _____ / _____ / _____

Hours of event/activity: _____ A.M./P.M. to _____ A.M./P.M.

Type of event/activity: _____

Name of event/activity: _____

Location of event/activity: _____

GENERAL FRAUD STATEMENT

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.

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. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured's operations that include the use of these animals); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; 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; Historical battle re-enactments (actual event), Hot wax impressions, Lead; Nuclear energy liability; 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; Those operations listed as ineligible: Acrobatic/aerialist performers, Circus performer, DJ or KJ, Escape artist, Exotic dancer, Group acts or bands, Hypnotist, Joust, Mascot (college, high school, professional), Performer putting on an athletic exhibition, Performer using animals in their performance, Performer using weapons (live ammunition or sharpened blades), Pyrotechnician, Strength performer, Stripper, Stunt performer, Tattoo artist or body piercing artist.

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: _____

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: _____