

## PROGRAM DESCRIPTION

This program has been designed to meet the unique needs of a U.S.-based independent instructor of the arts. Coverage provided includes important liability protection for liability claims arising out of their operations.

Please note, this program does not provide liability coverage for the operation, ownership or management of an art or music facility.

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

## INELIGIBLE OPERATIONS

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

- Instructors under the age of 18
- Instructors operating outside the U.S.
- Sports, fitness or dance related instructor activities
- Your employment as an exempt or non-exempt employee of a school, college or university

## 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 (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Employment-related practices
- Fireworks
- Operation, ownership or management of an art or music facility

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 us.

## ELIGIBLE OPERATIONS

An instructor age 18 or older who conducts private or group instruction for any of the following is eligible to enroll in this program:

- Artistic painting
- Clay work and/or pottery
- Craft making
- Culinary (chef, baker)
- Digital photography and/or art
- Drama
- Drawing
- Instrumental music (brass, percussion, string, woodwind)
- Language
- Piano, keyboard and/or organ
- Public speaking
- Sculpting
- Vocals

## FOUR EASY WAYS TO ENROLL FOR COVERAGE



**WEB** For information and applications, visit us on-line at [www.shoffdarby.com](http://www.shoffdarby.com)

**OR**

Submit this enrollment form, with payment, to Shoff Darby



**E-MAIL** [steeves@shoffdarby.com](mailto: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**

## COVERAGE AND LIMITS

Coverages	Option 1	Option 2	Option 3	Option 4	Option 6
<b>Commercial General Liability (CGL):</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>	<b>Limits</b>
Each Occurrence	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
General Aggregate (Other than Products-completed Operations)	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 3,000,000	\$ 4,000,000	\$ 5,000,000	\$ 5,000,000
Personal and Advertising Injury	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Legal Liability to Participants	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 5,000,000
Professional Liability	\$ 500,000	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000	\$ 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
<b>Rates (per instructor)</b>	<b>\$ 108.00</b>	<b>\$ 135.00</b>	<b>\$ 203.00</b>	<b>\$ 453.00</b>	<b>\$ 953.00</b>

**Refer to page 5 for \$4,000,000 CGL premium rates (Option 5)**

Coverage provided under this program includes:

**Commercial General Liability** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

**Legal Liability to Participants** – coverage which offers protection against bodily injury liability claims brought by persons participating in covered activities of your art or music instruction.

**Professional Liability** – provides protection against claims that arise out of the rendering or failure to render: instruction, demonstration, direction and/or advice relating to the arts.

## FREQUENTLY ASKED QUESTIONS

**1. 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.

**2. When should we make our coverage effective?**

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

**3. I have been asked by a third party to add them as an “additional insured” to my policy. What does this mean?**

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

You may add an entity as an additional insured under the certificate request section of the enrollment form. Please make sure to check the box in the certificate request area noted “additional insured”, and provide their entire name, address and relationship to you.

**4. Will we receive a policy after submitting the enrollment form?**

Coverage offered under this program is 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 will receive 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 Enrollment Form - Independent Instructor of the Arts

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 3-6) with payment

## GENERAL INFORMATION

I am a new account

I am renewing my coverage

Instructor's 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

Annual 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 instructor: (check all that apply)

Artistic painting

Digital photography and/or art

Piano, keyboard and/or organ

Clay work and/or pottery

Drama

Public speaking

Craft making

Drawing

Sculpting

Culinary

Instrumental music

Vocals

Language

Are you 18 or older?

Yes

No

Do you conduct operations outside the United States?

Yes

No

Note: No coverage is provided for art and/or music instructors while working as an exempt or non-exempt employee in a private or public school, university or college or for an instructor of sports, fitness or dance.

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www.shoffdarby.com • CA #OF23559

**PROGRAM  
PREMIUM**

Select an option

Options	Limits of Liability	1-Year Premium	Florida Applicant 1-Year Premium
Option 1	\$ 500,000	<input type="radio"/> \$ 108.00	<input type="radio"/> \$ 109.40
Option 2	\$ 1,000,000	<input type="radio"/> \$ 135.00	<input type="radio"/> \$ 136.76
Option 3	\$ 2,000,000	<input type="radio"/> \$ 203.00	<input type="radio"/> \$ 205.64
Option 4	\$ 3,000,000	<input type="radio"/> \$ 453.00	<input type="radio"/> \$ 458.89
Option 5	\$ 4,000,000	<input type="radio"/> \$ 703.00	<input type="radio"/> \$ 712.14
Option 6	\$ 5,000,000	<input type="radio"/> \$ 953.00	<input type="radio"/> \$ 965.39

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

**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  Mortgagee  
 Franchisor  Other (please identify/explain): \_\_\_\_\_

Special certificate language needed (please explain/attach): \_\_\_\_\_

Date certificate needed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If applicable:

RE: 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.

**PAYMENT INFORMATION**

Check: Please make check payable to Shoff Darby Companies. 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 to charge my payment to my credit card in the amount of \$ \_\_\_\_\_

Print name (as on card): \_\_\_\_\_

**Cardholder signature** \_\_\_\_\_

**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; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; Operation, ownership or management of an art or music facility; Performers; Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Instructors under the age of 18; Instructors operating outside the U.S.; Sports, fitness or dance related instructor activities; Your operations related in whole or in part, to your employment as an exempt or non-exempt employee of a public or private school, college or university.

**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 3): \_\_\_\_\_

**FOR OFFICE USE ONLY**

Rec: ____/____/____	Status: N R	Broker: Y N	Comm: _____%
Exp Policy #: _____	Exp Dates: ____/____/____ to ____/____/____		
Cert #: _____	Insured #: _____		
Option: _____	Premium: \$ _____	Pay Plan: 100 30/70 25/3	Bill: AB AD CBG
Eff/Exp: ____/____/____ to ____/____/____	Delivery: M F E	Date: ____/____/____	
Opt: A&M IM D&O EX WC	Opt Form: 2026 2011 2404 8016 8018 876		
Policy #: _____	Cert #: _____	Comments: _____	