

PROGRAM DESCRIPTION

This program has been designed for U.S.-based entertainers and performers who work on an independent contractor basis entertaining at local fairs, festivals, special events, private parties, conventions or tradeshow booths. Coverages provided include important liability protection for the entertainer or performer for liability claims arising out of their operations.

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

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

INELIGIBLE OPERATIONS

The following entertainers/performers are not eligible for coverage under this program.

- Acrobatic or aerialist performer
- Circus performer
- DJ or KJ
- Escape artist
- Exotic dancer
- Group acts or bands
- Historical battle re-enactments
- Hot wax impressions
- Hypnotist
- Jouser
- Mascot (college, high school, school-related)
- Performer putting on an athletic exhibition
- Performer using animals in their performance
- Performer using weapons (live ammunition or sharpened blades)
- Pyrotechnician
- Stripper
- Stunt personnel
- Tattoo or body piercing artist

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

- Actor portraying a historical person
- Balloon artist
- Belly dancer
- Caricature sketching
- Celebrity look-alikes
- Clown
- Comedian
- Contortionist
- Face painter
- Holiday character
- Impersonator
- Impressionist
- Juggler
- Magician
- Mime
- Musician, singer or vocalist
- Poet
- Puppeteer
- Story teller
- Ventriloquist
- Western performer
- Yodeler

FOUR 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
6527 Main St.
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
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy liability
- Personal and advertising injury

COVERAGES AND LIMITS

Commercial General Liability	Option 1	Option 2
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	Excluded	Excluded
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Payments for Participants	\$ 5,000	\$ 5,000
Rates (based on annual income)		
\$30,000 or less	\$ 200	\$ 300
\$30,001 - \$100,000	\$ 300	\$ 450

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?

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 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 Shoff Darby, 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 Shoff Darby. 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 (PG). The PG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the PG. 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 PG master policy can be requested in writing to: Shoff Darby Companies, 6527 Main St., Trumbull, CT 06611.

Shoff Darby Enrollment Form - Entertainer and Performer

Companies, Inc. Valid for effective dates from 4/01/09 through 3/31/10

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 where required**
- 3. Remit completed enrollment form (pages 4-7) with payment**

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ (the legal name of the individual; typically the name that would appear on any contracts or agreements)
	Doing business as (DBA): _____ (additional names(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"/> Contortionist	<input type="radio"/> Mime
	<input type="radio"/> Balloon artist	<input type="radio"/> Face painter	<input type="radio"/> Musician, singer or vocalist
	<input type="radio"/> Belly dancer	<input type="radio"/> Holiday character	<input type="radio"/> Poet
	<input type="radio"/> Caricature sketching	<input type="radio"/> Impersonator	<input type="radio"/> Puppeteer
	<input type="radio"/> Celebrity look-alike	<input type="radio"/> Impressionist	<input type="radio"/> Story teller
	<input type="radio"/> Clown	<input type="radio"/> Juggler	<input type="radio"/> Ventriloquist
	<input type="radio"/> Comedian	<input type="radio"/> Magician	<input type="radio"/> Western performer
	<input type="radio"/> Other (subject to K&K approval): _____		
	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	
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.			

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: _____

PROGRAM PREMIUM

Select one option:

Annual Income	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Florida Residents	
			Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
\$30,000 or less	<input type="radio"/> \$ 200.00	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 202.00	<input type="radio"/> \$ 303.00
\$30,001 - \$100,000	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 450.00	<input type="radio"/> \$ 303.00	<input type="radio"/> \$ 454.50

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
- Loss payee

Certificate holder information:

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

Relationship to named insured:

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

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

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: _____

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.** _____

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, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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 FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

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, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Haunted attractions; Lead; Nuclear energy liability; 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.); Rodeos; Saddle animals; Snowmobile; Those operations listed as ineligible: Acrobatic or aerialist performer, Circus performer, DJ or KJ, Escape artist, Exotic dancer, Group acts or bands, Historical battle re-enactment, Hot wax impressions, Hypnotist, Joust, Mascot (college, high school, school-related), Performer putting on an athletic exhibition, Performer using animals in their performance, Performer using weapons (live ammunition or sharpened blades), Pyrotechnician, Stripper, Stunt personnel, and Tattoo 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: _____

Named insured (from page 4): _____