

## PROGRAM DESCRIPTION

This program has been designed for U.S.-based entertainers and performers who work on an independent contractor basis as an historical re-enactor 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

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

- 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, 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

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)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead
- Nuclear energy liability
- Personal and advertising injury

## 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  
100 Technology Drive, Suite 200  
Trumbull, CT 06611



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

## 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
<b>Rates</b> (based on annual income)			
<b>Re-enactor whose operations include products being sold</b>	\$30,000 or less	\$ 220.00	\$ 330.00
	\$30,001 - \$100,000	\$ 330.00	\$ 495.00
<b>Re-enactor whose operations do not include products being sold</b>	\$30,000 or less	\$ 200.00	\$ 300.00
	\$30,001 - \$100,000	\$ 300.00	\$ 450.00

### 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 (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, 100 Technology Drive, Suite 200 Trumbull, CT 06611.

# Shoff Darby Companies, Inc. Enrollment Form

## Entertainer and Performer-Re-enactor Program

Valid for effective dates from 5/01/09 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 3-5) with payment**

GENERAL INFORMATION	<input type="radio"/> I am a new account <span style="margin-left: 200px;"><input type="radio"/> I am renewing my coverage</span>
	Individual's full name (as it should appear on the policy): _____ <small>(the legal name of the individual; typically the name that would appear on any contracts or agreements)</small>
	Doing business as (DBA): _____ <small>(additional names(s) under which the named insured operates)</small>
	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):
	Are you age 18 or older? <span style="float: right;"><input type="radio"/> Yes      <input type="radio"/> No</span>
	Do you conduct operations outside the US? <span style="float: right;"><input type="radio"/> Yes      <input type="radio"/> No</span>
	Do your performances include any of the following: <span style="float: right;"><input type="radio"/> Yes      <input type="radio"/> No</span>
	Animals                      Fire (fireworks, pyrotechnics)      Stunts Athletic activity              Hot wax impressions              Tattooing or body piercing Circus act                      Hypnotism                      Weapons (live ammunition/sharpened blades)
	<b>Note: the exposures/activities listed above are not covered by this program and any resulting claims will be denied.</b>
	Do you dress in period costumes and/or speak the period language? <span style="float: right;"><input type="radio"/> Yes      <input type="radio"/> No</span>
	If you are making a product, do you also sell it? <span style="float: right;"><input type="radio"/> Yes      <input type="radio"/> No</span>

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

**PREMIUM  
(CHOOSE ONE)**

Annual Income Re-enactor whose operations include products being sold	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"/> \$ 220.00	<input type="radio"/> \$ 330.00	<input type="radio"/> \$ 222.20	<input type="radio"/> \$ 330.30
\$30,001 - \$100,000	<input type="radio"/> \$ 330.00	<input type="radio"/> \$ 495.00	<input type="radio"/> \$ 333.30	<input type="radio"/> \$ 499.95

  

Annual Income Re-enactor whose operations do not include products being sold	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

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

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, 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.

**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; 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, Historical battle re-enactments (actual event), 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, Tattoo artist/body piercing

**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:** \_\_\_\_\_