

Higher limits available. Please call 1-800-840-7762.

PROGRAM DESCRIPTION

This program has been designed for U.S.-based reenactment clubs/groups who are members of reenactment clubs. Coverage provided includes important liability protection for the club/group for liability claims arising out of their operations.

A Club/Group consists of those clubs and/or groups participating in historical activities. Covered operations consist of your scheduled, sanctioned, organized and supervised activities in which your members participate and that are directly related to the specific common interest or goal for which the club or group is formed. Coverage is also provided for member activities such as meetings, registrations, parades in which you participate, picnics, banquets and ceremonies.

Note: Coverage for reenactment events sponsored or hosted by the member club/group are not covered by the program.

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

INELIGIBLE OPERATIONS

The following operations not eligible for this program include, but are not limited to the following. Contact Shoff Darby with any questions regarding eligibility.

- Clubs or groups whose primary focus is not related to historical reenactment
- Acrobatic/aerialist/circus programs/groups
- Actor/actress (professional)
- Fire handlers
- Jousters
- Pyrotechnicians
- Stunt performers

ELIGIBLE OPERATIONS

Those entities or clubs that are reenactment clubs/groups who conduct reenactment activities related to a historical time period. For clarification of eligibility, please contact us at 1-800-840-7762.

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at www.shoffdarby.com/entertainment

OR

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



E-MAIL ent@shoffdarby.com



FAX 1-203-445-2137



MAIL Shoff Darby Companies, Inc.
488 Main Avenue, 3rd Floor
Norwalk, CT 06851



QUESTIONS Call Shoff Darby Companies, Inc. at **1-800-840-7762**

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, Inc.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- Activities/events held on a boat and/or any event held on or in water
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks, mechanical bulls)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal– limited small animal coverage is provided, see full exclusion on page 5)
- Communicable Disease
- Events hosted, sponsored or organized that are open to the public
- Fireworks (exclusion does not apply to flashboxes)
- Historical battle reenactments (hosting actual event)
- Injury or damage arising out of, in whole or part, live ammunition or bladed weapons
- Outside concessionaires and vendors in conjunction with your organization while being used for covered activities
- Operation, ownership or management of any facility or premises, other than while being used for covered activities
- Room & board liability
- Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients

COVERAGES AND LIMITS

Coverages	Option 1	Option 2
Commercial General Liability	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 1,000,000	\$ 1,000,000
Medical Expense (other than members/participants)	Excluded	Excluded
Medical Payments for Participants (excess) \$100 per claim deductible applies	\$ 5,000	\$ 5,000
Rates (Per Member/Participant, Per Club)	\$ 9.77	\$ 13.23
Policy Minimum Premium Per Club	\$ 300.00	\$ 450.00

* Please contact us if higher limits are needed *

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – 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.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The benefit period for this coverage is two years from the date of the accident.

Shoff Darby Enrollment Form

Companies, Inc. Reenactment Clubs/Groups

Valid for effective dates from 4/1/21 through 3/31/22

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. A risk purchasing group (RPG) provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG administration fee may be charged. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. We reserve 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 - 7) with payment**

GENERAL INFORMATION	<input type="radio"/> I am a new account <input type="radio"/> I am renewing my coverage
	Full legal name of business: _____
	Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.
	Applicant is a: <input type="radio"/> Sole Proprietorship <input type="radio"/> Limited Liability Co. <input type="radio"/> Corporation <input type="radio"/> Partnership
	<input type="radio"/> Other (describe): _____
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____
(By listing an email address, you are giving us permission to contact you by email about your policy. Refer to page 6 of the application for Electronic Disclosure and Consent)	

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by us, 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	1. Are you seeking coverage for all members of the club? <input type="radio"/> Yes <input type="radio"/> No
	a. Please list all of the members on a separate piece of paper
	2. Are you responsible for the ownership or operation of a facility on a long term basis? <input type="radio"/> Yes <input type="radio"/> No
	3. Do you host, sponsor, or organize any activities or events that are open to the public? <input type="radio"/> Yes <input type="radio"/> No
	4. Does your club/group make a product? <input type="radio"/> Yes <input type="radio"/> No
	a. Do you sell it? <input type="radio"/> Yes <input type="radio"/> No
	b. What is the product?(please describe) _____
	5. Does your club/group members dress in period costumes and/or speak the period language? <input type="radio"/> Yes <input type="radio"/> No
	6. Is at least one member of the club/group 18 years or older? <input type="radio"/> Yes <input type="radio"/> No
	7. Do you or your club/group conduct operations outside the US? <input type="radio"/> Yes <input type="radio"/> No
8. Do you have policies/procedures for the inspection and use of weapons prior to any events or activities? <input type="radio"/> Yes <input type="radio"/> No	
9. Do you inspect each weapon prior to use to confirm no live ammunition or use of bladed weapons? <input type="radio"/> Yes <input type="radio"/> No	
(continued)	

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www.shoffdarby.com/entertainment
 Shoff Darby Companies, Inc. is a licensed insurance producer in all states (TX license #1542759), (CA license #OF23559)

9. Does your club/group have activities/operations that include any of the following: Yes No

- | | |
|--|---|
| <ul style="list-style-type: none"> - Acrobatic/aerialist/circus programs/groups - Boy or girl scouts - Country clubs - Day care or adult before and/or after school care operations, latch key programs, babysitting or childcare clubs or programs - Fire handlers - Jousters | <ul style="list-style-type: none"> - Political, activist and/or governmental groups - Programs or activities that involve weapons or firearms (live ammunition or bladed weapons) - Pyrotechnicians - School accredited classes, programs or clubs - Stunt performers - Vehicle owner clubs - Veterans or military organizations |
|--|---|

The exposures/activities listed above are not eligible under this program. If you wish to cover these activities/operations, please contact Shoff Darby to determine if other coverage operations are available.

Once your enrollment form is approved, you will receive a Certificate of Insurance as evidence that coverage is bound. **Complete this section if you require additional certificates listing a facility, property owner or similar third-party as an additional insured on your policy. Provide a separate request for each additional certificate needed.**

Note: Please request all additional insureds needed for this policy term. Additional insureds from the expiring policy term will not be automatically renewed.

1. When is this certificate needed? : ____/____/____

2. What is the additional insured's relationship to you?

- Owner/manager/lessor of premises (facility or venue) Sponsor Co-promoter
 Other (please identify/explain): _____

NOTE: The certificate holder will automatically be an Additional Insured for an Owner/manager/lessor, Sponsor or Co-Promoter relationship

3. Certificate holder/additional insured name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

4. Does the certificate holder/additional insured require any special wording or endorsements? Yes No

If yes, check all that apply: CG2026 Primary Waiver of subrogation

Other (please explain): _____

NOTE: If you are not sure, please attach a copy of the insurance requirements/instructions you've received.

If applicable:

5. For specific events: 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: _____

The most common delay in certificate processing is caused by providing partial or incorrect name and/or instructions. Please check your request carefully before submitting.

COST CALCULATION

Rates (per member/participant, per club)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
	\$9.77	\$13.23

Please calculate your premium due below.

Coverage Option	No. of Members/ Participants	X	Rate (from chart above)	=	Premium
		X		=	\$
Minimum Premium: Option 1 = \$300.00 Option 2 = \$450.00 Please enter your minimum premium.					\$
Subtotal Premium Due: If the total calculated premium is less than the minimum premium, the subtotal due is the minimum premium.					\$ (a)
Risk Purchasing Group Administration Fee (Required)					\$ 15.00 (b)
Total Cost Due (add lines a + b)					\$

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Activities/events held on a boat and/or any even held on or in water; 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 device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on, or tunnel through; 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 04/13 edition); Communicable Disease; Employment-related practices; Events hosted, sponsored or organized that are open to the public; Events where the insured is required to hold a liquor license or permit; 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, wading or wrapping); Fungi or bacteria; Gambling activities or events; Haunted attractions; Historical battle reenactments (hosting actual event); Lead; Live ammunition or bladed weapons - this insurance does not apply to bodily injury, property damage or personal and advertising injury out of, in whole or in part, live ammunition or bladed weapons used or misused by any insured or any person for whom any insured is actually or allegedly legally liable; Nuclear energy liability; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Outside concessionaires and vendors in conjunction with your organization; Performers (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; Room & board liability; Saddle animals; Snowmobile; Use of any substance to paint or apply on the face or body that is not classified as non-toxic and/or manufactured using only FDA compliant ingredients; Those operations listed as ineligible: Clubs or groups whose primary focus is not related to historical reenactment, Acrobatic/aerialist/circus programs/groups, Actor/actress (professional); Boy or girl scouts, Country clubs, Day care or adult before or after school care operations, latch key programs, babysitting or childcare clubs or programs, Fire handlers; Jousters; Political activist and/or government group; Pyrotechnicians; School accredited classes, programs or clubs; Stunt performers; Vehicle owner clubs; Veterans or military organizations

Electronic Disclosure and Consent & Warranty
PLEASE READ, COMPLETE #9 BELOW, AND SIGN BELOW

Electronic Signature Disclosure and Consent

The Electronic Signatures in Global and National Commerce Act (15 U.S.C. § 7001, et seq.) provides that a signature, contract or other record may not be denied legal effect, validity or enforceability solely because it is in electronic form or because an electronic signature was used in a transaction.

Shoff Darby Companies (Shoff), whether on its own behalf, and/or on behalf of an insurer and/or third parties, may utilize the internet, email, cloud services, digital storage, digital media or similar electronic means to transmit Policy Documents to its clients. This Agreement informs you of your rights when we are delivering and you are receiving such documents from us electronically.

By agreeing to proceed with this transaction, you acknowledge and consent to the following:

1. I hereby voluntarily consent to proceeding with this transaction, and all subsequent actions related to this transaction, electronically.
2. I understand that further documents relating to this insurance purchased through Shoff, including but not limited to correspondence, communications, confirmations, requests for premium payments and policy documents, may, to the extent permitted by law, be transmitted by electronic means to me, including by e-mail sent to the e-mail address I have provided as part of this transaction and/or my on-line registration. I consent to such documents being provided to me electronically.
3. Notwithstanding paragraph 2, any notice of cancellation shall be sent to me by mailing to the address I have provided as part of my registration and/or application for insurance, or to such other address for which I have provided notice pursuant to the terms of the policy.
4. Any change or revision to the e-mail address or other electronic contact information which I have provided as part of this transaction and/or my on-line registration process shall be requested by me by faxing, emailing or by mailing a written notice to: Shoff Darby Companies, Inc., 488 Main Avenue, 3rd Floor, Norwalk, CT 06851.
5. I understand that I have the right to obtain a paper copy of any electronic record provided to me pursuant to this transaction or any subsequent transaction involving my coverage by mailing a written request to the address provided in paragraph 4.
6. In order to access the electronic records provided, the following hardware and software are required: (a) a personal computer or other device through which Internet access is available, (b) an Internet connection, (c) an e-mail account with an Internet service provider, and (d) Adobe Acrobat Reader.
7. I understand that I have the right and option to withdraw my consent to the receipt of further electronic documents at any time by faxing, mailing or mailing a written request to the address provided in paragraph 4. By withdrawing my consent to electronic delivery of documents I understand that I will receive a paper copy of future policy documentation.
8. Information relating to this transaction is subject to the terms of our privacy statement, a copy of which is provided at www.shoffdarby.com.
9. DOCUMENT DELIVERY. After this enrollment form is approved, you will receive a certificate of insurance showing evidence that coverage has been bound. When submitted through an insurance agent or broker, this coverage document will only be delivered to them. Additional certificate requests will be issued to the same person. Providing an email address in this application will be deemed consent to us to deliver documents and communication to you electronically.

If you **DO NOT** want to be emailed please check here and select your preferred method of document delivery.

Fax to: _____ attn: _____

Mail to: _____ attn: _____

IMPORTANT INFORMATION. PLEASE READ AND SIGN.

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 book 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. We reserve the right to decline/void any ineligible 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 name (from page 3): _____

Applicant or agent signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

If an agent: Check here to acknowledge you are signing on behalf of the named insured

IMPORTANT INFORMATION.

Applicable in AL

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Applicable in AR, LA, MD, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

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 FL

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 KY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in ME, TN, and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NM

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH

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

Applicable in OK

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 PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VA

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 benefits.

FRAUD APPS (2019/11)

COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE/NON-TRANSFERRABLE ONCE COVERAGE BEGINS. COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT AND A FULLY COMPLETED ENROLLMENT FORM. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE. CANCELLATIONS/CHANGES CAN ONLY BE MADE BY THE NAMED INSURED.

Payment Method

Once your application has been approved we will email you the payment link for confirmation of the premium due. You will then have the option to pay by e-check or credit card. We will be notified when the payment has been made and will issue your certificate and email that to you as well.

If you do not have email access, please mail your application to us with a check or money order payment made payable to Shoff Darby Companies. Please provide contact information so we can confirm acceptance of the application and that the proper payment has been received.