

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370 Fax: (803) 256-4017

events@sadlersports.com

ENTERTAINER & PERFORMER

Insurance Program and Enrollment Form

This brochure is valid for effective dates from

April 1, 2011 through March 31, 2012



PROGRAM DESCRIPTION

This program has been designed for individual 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.

ELIGIBILITY CRITERIA

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

- Must be at least 18 years of age
- Annual gross income from the entertainer's or performer's activities cannot exceed \$300,000

ELIGIBLE OPERATIONS

Balloon artist	Face/body painter (FDA approved paint only)	Musician, singer or vocalist
Belly dancer	Holiday character	Poet
Caricature sketching	Impersonator	Puppeteer
Celebrity look-alike	Impressionist	Story teller
Clown	Juggler	Ventriloquist
Comedian	Magician	Western performer
Contortionist	Mime	Yodeler

INELIGIBLE OPERATIONS

The following entertainers and performers not eligible for this program include, but are not limited to the following:

Acrobatic or aerialist performer	Henna artists	Rap, rock or hip-hop musical entertainer / performer
Actor portraying a historical person	Hypnotist Jouster	
Circus performer	Mascot (college, high school, professional)	Strength performer
DJ or KJ	Performer putting on an athletic exhibition	Stripper
Escape artist	Performer using weapons (live ammunition or sharpened blades)	Stunt performer
Exotic dancer		Tattoo or body piercing artist
Group acts or bands	Pyrotechnician	

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next. You may request a copy of the full policy by submitting a written request to Sadler & Company, Inc.

NOTE TO ALL AGENTS & BROKERS – there are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. A fee may be separately charged, subject to state insurance regulations. (In addition, proof of coverage will be sent direct to the named insured and will not be sent to an agent.) Agents do not have authority to issue Binders or Certificates of Insurance on behalf of this program.



EXCLUSIONS

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

Abuse, molestation, harassment or sexual conduct	Animals (injury or death to any animal or injury, death or property damage caused by your animal). See FAQ on next page for limited small animals coverage.	Fungi or bacteria
All operations listed as ineligible	Employment related practices	Haunted attractions
Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)		Historical battle reenactments
Asbestos	Fireworks (exclusion does not apply to flashboxes)	Hot wax impressions
		Lead
		Nuclear energy liability
		Personal & advertising injury

COVERAGES

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.

Commercial General Liability Coverages	Option 1 Limits	Option 2 Limits	Option 3 Limits	Option 4 Limits	Option 5 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

\$ 30,000 or less	\$200	\$300	\$550	\$800	\$1,050
\$ 30,001 - \$100,000	\$300	\$450	\$700	\$950	\$1,200
\$100,001 - \$200,000	\$600	\$900	\$1,150	\$1,400	\$1,650
\$200,001 - \$300,000	\$900	\$1,350	\$1,600	\$1,850	\$2,100

CARRIER

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

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FREQUENTLY ASKED QUESTIONS (“FAQ”)

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 us, use the expiration date of your current 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 the landlord or sponsor. 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 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. Requests may be faxed to 803-256-4017. Please provide your name and address along with the complete name and address of the entity that needs to be added to your policy and their relationship to you.

6) What if my act involves an animal and it injures someone?

This program only provides coverage for claims arising out of smaller animals you use in your operation, such as: rabbits, doves, mice, hamsters, non-venomous/non-constrictor snakes and dogs weighing less than 15 pounds. No coverage exists for claims arising from all other animals, and no coverage is provided for the actual death or injury to any animal.

7) 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 insurance 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 by writing to:

Sadler & Co., Inc.
PO Box 5866
Columbia, SC 29250-5866



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 Phone: (800) 622-7370 Fax: (803) 256-4017
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ENTERTAINER & PERFORMER

Enrollment Form

Valid for effective dates from April 1, 2011 through March 31, 2012

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. Sadler & Company Inc reserves the right to decline any request for coverage.

PLEASE TYPE OR PRINT IN BLACK INK ONLY

I am a new account I am renewing my coverage

Individual'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 #:** () _____

Email: _____ **Website:** _____

DESIRED EFFECTIVE DATES: Coverage will begin the day after the completed enrollment form and premium are received and approved by Sadler & Company, or on a later date you specify below. (If renewing, please provide the expiration date of your current policy.)

Start my coverage on this date: ____/____/____

Does your annual gross income as an entertainer/performer exceed \$300,000? YES NO

Are you age 18 or older? YES NO

Do you conduct operations outside the US? YES NO

Do your performances include any of the following: YES NO

Animals*	Fire (fireworks, pyrotechnics)	Non-FDA approved products	Tattooing or body piercing
Athletic activity	Hot wax impressions	Stunts and/or Strength acts	
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.

**See FAQ #6 for limited small animal coverage available.*

TYPE OF ENTERTAINER/PERFORMER (Check all that apply):

<input type="checkbox"/> Balloon artist	<input type="checkbox"/> Contortionist	<input type="checkbox"/> Juggler	<input type="checkbox"/> Magician	<input type="checkbox"/> Puppeteer
<input type="checkbox"/> Belly dancer	<input type="checkbox"/> Face/body painter	<input type="checkbox"/> Mime	<input type="checkbox"/> Poet	<input type="checkbox"/> Story teller
<input type="checkbox"/> Caricature sketching	<input type="checkbox"/> Holiday character	<input type="checkbox"/> Musician, singer or vocalist		<input type="checkbox"/> Ventriloquist
<input type="checkbox"/> Celebrity look-alike	<input type="checkbox"/> Impersonator	Genre: _____		<input type="checkbox"/> Western performer
<input type="checkbox"/> Clown	<input type="checkbox"/> Impressionist	_____		<input type="checkbox"/> Yodeler
<input type="checkbox"/> Comedian	<input type="checkbox"/> Other (subject to approval): _____			

PROGRAM PREMIUM (Choose one):

ALL STATES (EXCEPT FLORIDA) ANNUAL INCOME	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="checkbox"/> \$200.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$800.00	<input type="checkbox"/> \$1,050.00
\$ 30,001 - \$100,000	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$700.00	<input type="checkbox"/> \$950.00	<input type="checkbox"/> \$1,200.00
\$100,001 - \$200,000	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$1,150.00	<input type="checkbox"/> \$1,400.00	<input type="checkbox"/> \$1,650.00
\$200,001 - \$300,000	<input type="checkbox"/> \$900.00	<input type="checkbox"/> \$1,350.00	<input type="checkbox"/> \$1,600.00	<input type="checkbox"/> \$1,850.00	<input type="checkbox"/> \$2,100.00
FLORIDA APPLICANTS ANNUAL INCOME					
\$30,000 or less	<input type="checkbox"/> \$202.60	<input type="checkbox"/> \$303.90	<input type="checkbox"/> \$557.15	<input type="checkbox"/> \$810.40	<input type="checkbox"/> \$1,063.65
\$ 30,001 - \$100,000	<input type="checkbox"/> \$303.90	<input type="checkbox"/> \$455.85	<input type="checkbox"/> \$709.10	<input type="checkbox"/> \$962.35	<input type="checkbox"/> \$1,215.60
\$100,001 - \$200,000	<input type="checkbox"/> \$607.80	<input type="checkbox"/> \$911.70	<input type="checkbox"/> \$1,164.95	<input type="checkbox"/> \$1,418.20	<input type="checkbox"/> \$1,671.45
\$200,001 - \$300,000	<input type="checkbox"/> \$911.70	<input type="checkbox"/> \$1,367.55	<input type="checkbox"/> \$1,620.80	<input type="checkbox"/> \$1,874.05	<input type="checkbox"/> \$2,127.30

Total Premium Due: \$

HOW DID YOU HEAR ABOUT SADLER & COMPANY?

<input type="checkbox"/> Already doing business with Sadler	<input type="checkbox"/> Friend	<input type="checkbox"/> Google	<input type="checkbox"/> Yahoo	<input type="checkbox"/> Other: _____
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ADDITIONAL CERTIFICATES: Complete this section to request additional certificates

Type of certificate you are requesting:			<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Evidence of Coverage	
Relationship to you:			<input type="checkbox"/> Owner/Lessor of Premises	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Co Promoter
ENTITY NAME:					
MAILING ADDRESS:					
CITY:			STATE:	ZIP:	

Type of certificate you are requesting:			<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Evidence of Coverage	
Relationship to you:			<input type="checkbox"/> Owner/Lessor of Premises	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Co Promoter
ENTITY NAME:					
MAILING ADDRESS:					
CITY:			STATE:	ZIP:	

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 the 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 damaged 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 reenactments; Hot wax impressions; 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, Hypnotist, Joust, Mascot (college, high school, professional), Performer/entertainer under the age of 18, Performer putting on an athletic exhibition, Performer using weapons (live ammunition or sharpened blades), Pyrotechnician, Strength performer, Stripper, Stunt performer and Tattoo or body piercing artist, Use of non-FDA approved paint, Rap, rock or hip-hop musical entertainer or performer

NOTES

- 1) 100% of the premium is fully earned and non-refundable once coverage begins.
- 2) Please allow 6 business days for processing.
- 3) Coverage will not be made effective prior to the date that the enrollment form and payment are received by Sadler & Company

READ & 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 books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years afterwards. 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 that apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature:

Printed Name:

Title:

Date:



Sadler & Company of SC, Inc. in Arkansas (Lic##254179) D/B/A Sadler Insurance Agency in CA Lic. # 0B57651

John Sadler Insurance Services in MA Sadler Agency - New York (PC-532473 and LA-532473)

Sadler Insurance Agency in OK Sadler and Company - Vermont (License #577)

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Email: events@sadlersports.com

How To Apply For Coverage

- ➔ **Complete this paper application.** Coverage can be effective the date after the completed application and check for the correct premium are received & approved by Sadler & Company. **Make check payable to: Sadler & Company, Inc.**
- ➔ **Your proof of coverage documents will be processed within 6 business days and delivered to you via Email, Fax or US Mail.**

(1) If you would like to send your application & check via **U S Mail**, please send to:

Sadler & Company, Inc.
P. O. Box 5866
Columbia, SC 29250-5866

(2) If you would like to send your application & check via **overnight delivery**, please send to:

Sadler & Company, Inc.
3014 Devine Street, 2nd Floor
Columbia, SC 29205
(803) 254-6311

(3) If you would like to **fax** your application & check, be sure to follow these special instructions.

How To Fax A Check

In Order To Send A Check By Fax, Please Follow These Simple Steps:

- 1) Complete the Enrollment Form/Application for insurance coverage.
- 2) **Make check payable to: Sadler & Company, Inc.** Fill check out for the correct amount and make sure that it is dated and signed. Do not “void” the check & please keep the original in case we need to have you forward it to us at a later date. *(This check may be processed as an EFT / ACH {electronic funds transfer} which may cause your check to clear immediately.)*
- 3) Photocopy your check so that the page can be faxed.
- 4) **Sometimes, we can't read all of the numbers and words on the faxed check because they are too small or the fax is not clear. As a result, you are required to hand write the following on the photocopied page of the check:**

A) Transit Number – (The Transit Number(s) are the small #'s with the “-“ and/or “/” in it. The Transit Number is found somewhere **near the check number and date**).

The transit number **IS NOT** the number(s) at the bottom of the check.

B) Name and address of your bank exactly like it appears on your check do not look up the address in the phone book – we must duplicate your check exactly as it is printed.

NOTE: DO NOT FAX CASH, MONEY ORDERS, STARTER CHECKS, CASHIER CHECKS, COUNTER CHECKS, PURCHASE ORDERS, WARRANTS OR CHECKS THAT REQUIRE 2 SIGNATURES!!

- 5) Fax your Enrollment/Application and your check to us at: 1-803-256-4017.
- 6) Keep your original check for your records. **Do NOT mail it to Sadler & Company** as this could cause us to double issue your coverage and **DOUBLE DEPOSIT YOUR CHECK**. *(If there is a problem with processing your check, we will let you know and will then let you know what we need to do to process your application.)*

WE WILL EMAIL OR CALL YOU IF THERE IS A PROBLEM WITH YOUR CHECK OR APPLICATION.

DUE TO THE VOLUME OF APPLICATIONS THAT WE RECEIVE ON A DAILY BASIS, YOU WILL NOT RECEIVE CONFIRMATION BACK BY TELEPHONE, EMAIL OR FAX.

NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.