

Performer Insurance Program

- Balloon Artists
 - Belly Dancers
 - Caricature Artists
 - Clowns
 - Comedians
 - Contortionists
 - Cultural Dancers
 - Face Painters
 - Individual Disc Jockeys
 - Illusionists
 - Jugglers
 - Magicians
 - Mimes
 - Puppeteers
 - Santas
 - Street Performers
 - Story Tellers
- ...And Other Performers



- A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage

Francis L. Dean & Associates, LLC

FDL

The Leader in Sports, Leisure and Entertainment Insurance

Performer Insurance Program

A Liability Insurance Program Providing Protection from Lawsuits of Bodily Injury and/or Property Damage

This performer liability program has been structured to meet the needs of performers big and small. We have specifically tailored programs in place that offer the coverage you need to keep your business protected. Our programs are available for one-day special events, annual policies, and anything in between. While many performers are accustomed to acquiring insurance on a solo basis, this insurance program also offers the convenience of group policies. For events with multiple performers, our group policies help save time and money while still offering the same world-class protection and customer service we are known for.

Who Is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims.

Coverage is provided up to \$1,000,000.00 per occurrence. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Coverage includes suits arising out of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Incidental medical malpractice
- All activities necessary to conduct performances
- Ownership, use or maintenance of fields or performance locations
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

Exclusions

Abuse or molestation (unless optional coverage is selected), aircraft, all acts of terrorism, asbestos liability, claims made by athletic participants, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

The Optional Coverages

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on performer business.

Excess Liability Coverage

This coverage provides additional liability limits increasing the liability coverage per each occurrence.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

Program Highlights

United States Fire Insurance Company,
"A" rated by A.M. Best Company.
A member of the Crum & Forster group

This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please view a sample policy. The liability coverage is provided by United States Fire Insurance Company, "A" rated by A.M. Best Company, a member of the Crum & Forster group of companies. Additional applications may be required to be completed.

Not available in all states.

Performer Insurance Program



Premium Rates and Benefits — SINGLE PERFORMER

Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 1. Program Rate Performer 5 days or less: \$ 50.00 (Subject to \$50.00 MP)
- 2. Program Rate Performer 6–14 days: \$100.00 (Subject to \$100.00 MP)
- 3. Program Rate Performer 15–30 days: \$150.00 (Subject to \$150.00 MP)
- 4. Program Rate 1–6 months: \$275.00 (Subject to \$275.00 MP)
- 5. Program Rate 6 months – Annual: \$350.00 (Subject to \$350.00 MP)

Premium Rates and Benefits — GROUP PERFORMER POLICIES

Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 6. Groups of 2 or More Performers 5 days or less: \$ 35.00 per performer (Subject to \$70.00 MP)
- 7. Groups of 2 or More Performers 6–14 days: \$ 75.00 per performer (Subject to \$150.00 MP)
- 8. Groups of 2 or More Performers 15–30 days: \$105.00 per performer (Subject to \$210.00 MP)
- 9. Groups of 2 or More Performers 1–6 months: \$205.00 per performer (Subject to \$410.00 MP)
- 10. 2 or More Performers 6 months – Annual: \$260.00 per performer (Subject to \$520.00 MP)

MP = Minimum Premium is Fully Earned at Inception

Plan Premium _____ **X** _____ **=** **\$** _____
Number of Performers
(Plans 6–10 Only)

Optional Coverages (check each coverage selected and total at bottom):

- Increased General Aggregate to \$2,000,000.00 _____ x 5% = \$ _____
Plan Premium
- Increased General Aggregate to \$3,000,000.00 _____ x 10.25% = \$ _____
Plan Premium
- Increased General Aggregate to \$4,000,000.00 _____ x 15.76% = \$ _____
Plan Premium
- Increased General Aggregate to \$5,000,000.00 _____ x 21.55% = \$ _____
Plan Premium
- Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00 per performer. = \$ _____
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00 per performer. = \$ _____
 - *Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.*
- Higher per occurrence limits of up to \$5,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$ _____
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$ _____

Total Premium = **\$** _____

Name of Applicant _____

Note: Group performer policies require the name, address and description of each performer.

Contact Information

Fax _____ Email _____

Address of Applicant _____

Phone _____

Dates of Event _____

Time(s) _____

Location of Performances _____

Description of Performances _____

Performer Insurance Program

Has any prior coverage been cancelled or non-renewed? Yes No

If yes, please describe and provide loss history: _____

Name, Address and Relationship of all additional insured to be added to the policy:

1.) _____	2.) _____	3.) _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by The Company.

Choose one of the following three options. Please initial your choice:

- Enclosed is my check for the total premium.
- Enclosed is 20% of my total premium. I would like to finance my premium.
Please mail a finance agreement explaining the monthly payment system.
This payment option is only available for annual policy terms.
- Please charge my: Visa MasterCard Discover American Express
A convenience fee of 3% is added to all credit card payments.
For financed premium, the convenience fee applies only once and in addition to the 20% down payment.

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp Date (mm/yyyy) _____

Security Code _____

Authorized Signature _____ Date _____

Agent Name & License Number _____ Agent Telephone Number _____

Agent Address _____

Agency Email _____



Francis L. Dean & Associates, LLC



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