

ENTERTAINERS INSURANCE APPLICATION

GENERAL INFORMATION

| | | | | |
|--|-------|-----------------------|-------------|--------------|
| Legal Entity Name | | DBA | | Phone Number |
| Business Address | | Primary Email Address | | |
| City | State | Zip | Web Address | |
| Mailing Address (must be a street address) | | | | Fax Number |
| City | State | Zip | | |

BUSINESS AND INSURANCE INFORMATION

| | | | |
|--|---|-------------------------------|--|
| Type of Entity | <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ | | |
| Years Performing / Year Established | | FEIN / Social Security Number | |
| Current Insurer | | Current Limits of Coverage | |
| Proposed Effective Date | | Current Premium | |
| Any training, designations, affiliations, memberships? | | | |
| Is this policy being non-renewed? If Yes, explain | | | |
| Insurance claims against you in the past 5 Years? <input type="checkbox"/> None If Yes, please list the information below. | | | |

| Date of Claim | Description of Claim | Is it still Open? | How much was Paid? | How much is in Reserve? |
|---------------|----------------------|-------------------|--------------------|-------------------------|
| | | | | |
| | | | | |

Your Annual Gross Revenue from Entertaining is \$ _____

Describe your performance for us:

Performances typically occur:
 Outdoors
 Private Homes
 Indoor Venues
 Convention Ctrs.
 Other _____

Does your performance include audience participation?
 Yes
 No

If "Yes," please describe

LIMITS OF LIABILITY

General Liability Limits are provided at \$1,000,000 Per Occurrence / \$2,000,000 Aggregate

Stop Gap Liability Limit (select one)

N/A \$100,000/\$500,000/\$100,000 \$1,000,000/\$1,000,000/\$1,000,000

RISK ASSESSMENT QUESTIONS

Contracts - Do you have a contract with all of your clients? Yes No If "Yes," please submit a copy.

Subcontractors - Do you use subcontractors/other performers in any performances? Yes No

If "Yes," do you require that you/the business be listed as an additional insured on their insurance? Yes No

What limits of liability do you require your subcontractor to carry? \$ _____

Do you obtain a certificate or proof of insurance from all your subcontractors? Yes No If No, please explain below.

| Please provide details to any "Yes" answers below. | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you have any other insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Any insurance declined, cancelled or non-renewed in the past 3 years (N/A in MO) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been or are you active in any joint ventures or other corporations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Any past losses or claims relating to sexual abuse/molestation allegations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any past losses or claims relating to discrimination or negligent hiring allegations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are any entertainers under age 18 involved in your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Any animal related exposures in your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your performance include adult entertainment or adult themes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are your performances similar in style to a Broadway show or production number? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you use any weapons, fireworks or pyrotechnics in your performances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you organize any acrobatics, stunts or other special effects for your performances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any crimes, attempted or successful, on your premises in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Any exposure to radioactive or nuclear materials? | <input type="checkbox"/> | <input type="checkbox"/> |

Explanations to "Yes" Answers

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OPTIONAL -- INLAND MARINE/MOBILE PROPERTY INSURANCE (A \$500 DEDUCTIBLE APPLIES)

If you want a quote for incidental loss or damage, list your equipment below **or** attach a separate schedule.

| Equipment Description | Cost of the Equipment | Serial Number (if applicable) |
|-----------------------|-----------------------|-------------------------------|
| | \$ | |
| | | |
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| | | |
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Again, you may also attach a separate schedule of equipment.

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Hawaii, Nebraska, Ohio, Oklahoma, Oregon, Utah and Vermont)
Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, insurance benefits may also be denied.

NOTICE TO COLORADO APPLICATIONS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A 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.

NOTICE TO UTAH APPLICANTS: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report for billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO NEW YORK APPLICANTS: 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.



THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

This application is understood to be an inducement to the issuance of a policy of insurance by the Company. The undersigned hereby authorizes the Company to obtain information necessary for evaluation in determining acceptability including but not limited to motor vehicle reports, credit reports and physical inspection.

| | | |
|----------------|---------------------|------|
| | | |
| Applicant Name | Applicant Signature | Date |

Any additional correspondence should be emailed to your CIA Agent or faxed to 864-688-0121.

**OFFER OF TERRORISM COVERAGE
DISCLOSURE OF PREMIUM AND FEDERAL PARTICIPATION**

The Terrorism Risk Insurance Act of 2002 establishes a program within the Department of the Treasury, under which the federal government shares, with the insurance industry, the risk of loss from future terrorist attacks. The Act applies when the Secretary of the Treasury certifies that an event meets the definition of an act of terrorism. The Act provides that, to be certified, an act of terrorism must cause losses of at least five million dollars and must have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest to coerce the government or population of the United States.

In accordance with the Terrorism Risk Insurance Act of 2002, we are required to offer you coverage for losses resulting from an act of terrorism **that is certified under the federal program** as an act of terrorism committed by an individual(s) acting on behalf of a foreign person or foreign interest. The policy's other provisions will still apply to such an act. You may accept or reject this offer.

You may choose to reject the offer by signing the enclosed statement and returning it to us, and your policy will be written to exclude the described coverage.

REJECTION OF TERRORISM INSURANCE COVERAGE

I hereby reject the offer of terrorism coverage. I understand that an **exclusion** of certain terrorism losses will be made part of this policy.

Policyholder/Applicant's Signature

Date

Print Name

Policy Number (if applicable)

DISCLOSURE OF PREMIUM

If you accept this offer, the premium for terrorism coverage is \$ _____.

DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals 90% of that portion of the amount of such insured losses that exceeds the applicable insurer retention.

The following statement is required to be part of this Policyholder Disclosure in Georgia:

LIMITATION ON PAYMENT OF TERRORISM LOSSES (applies to policies which cover terrorism losses insured under the federal program)

The provisions of the Terrorism Risk Insurance Act of 2002 can limit our maximum liability for payment of losses from certified acts of terrorism. That determination will be based on a formula set forth in the law involving the national total of federally insured terrorism losses in an annual period and individual insurer participation in payment of such losses. If one or more certified acts of terrorism in an annual period causes the maximum liability for payment of losses from certified acts of terrorism to be reached, and we have satisfied our required level of payments under the law, then we will not pay for the portion of such losses above that maximum. However, that is subject to possible change at that time, as Congress may, under the Act, determine that payments above the cap will be made.