

Section 1A: 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)

Section 1B: 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

Section 2: Premium Total

Plan Premium	x Number of Performers (Plans 6-10 Only)	= \$
---------------------	---	-------------

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

- | | | | |
|--|--------------|----------|------|
| <input type="checkbox"/> Increased General Aggregate to \$2,000,000.00 | Plan Premium | x 5% | = \$ |
| <input type="checkbox"/> Increased General Aggregate to \$3,000,000.00 | Plan Premium | x 10.25% | = \$ |
| <input type="checkbox"/> Increased General Aggregate to \$4,000,000.00 | Plan Premium | x 15.76% | = \$ |
| <input type="checkbox"/> Increased General Aggregate to \$5,000,000.00 | Plan Premium | x 21.55% | = \$ |
| <input type="checkbox"/> Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage
(Available for an additional \$225.00 per performer.) | | | = \$ |
| <input type="checkbox"/> Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage
is available for an additional \$500.00 per performer. | | | = \$ |
| <input type="checkbox"/> Higher per occurrence limits of up to \$5,000,000.00 (Please Contact Agent) | | | = \$ |
| <input type="checkbox"/> Equipment coverage up to \$750,000.00 (Please Contact Agent) | | | = \$ |

Total Premium = \$

Section 3: Applicant Information

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

Name of Applicant:

Address of Applicant:

City:

State:

Zip:

Fax:

Phone:

Email:

Dates of Event:

Time(s):

Location of Performances:

Description of Performances:

Section 4: General Information

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) Name:

Relationship:

Address:

2) Name:

Relationship:

Address:

3) Name:

Relationship:

Address:

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.

Section 5: Payment Information

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 to my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

A \$10.00 convenience fee is added to all credit card payments. For financed premium, the \$10.00 convenience fee applies only once and in addition to the 20% down payment.

Name on Card:

Cardholder Billing Address

City:

State:

Zip:

Card #

Exp. Date:

Security Code

Section 6: Signature

Authorized Signature:

Date:

Agent Name & License Number:

Agent Phone Number:

Agent Address:

City:

State:

Zip:

Agency Email:

PLEASE CONTINUE TO NEXT PAGE TO SIGN FRAUD STATEMENT

FRAUD NOTICE

GENERAL 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 FLORDIA: 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 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.

I understand that the insurance company, in determining in whether to provide insurance coverage, will rely on the information contained in this form and all other information submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Insured Signature:

Date: