



ENTERTAINER AND PERFORMER

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/16 through 3/31/17

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.

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

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

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

INELIGIBLE OPERATIONS

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

- Acrobatic or aerialist performer
- Actor or actress
- Circus performer
- Cosmetologist/Beautician
- Escape artist
- Exotic dancer
- Fire handler
- Group acts or bands
- Henna/Mehndi artist
- Hypnotist
- Jousting
- Mascot (college, high school, professional)
- Model
- Performer putting on an athletic exhibition
- Performer using weapons (live ammunition or sharpened blades)
- Permanent tattoo and/or body piercing artist
- Production/entertainment companies
- Public speaker
- Pyrotechnician
- Rap, hip-hop, alternative or techno musical entertainer/performer/DJ
- Strength performer
- Stripper
- Stunt performer
- Touring entertainer/performer

ELIGIBLE OPERATIONS

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

Coverage is also available for groups of entertainers and performers through our Band & Performing Groups Program. Contact us or visit our website for more information and/or a brochure.

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB Receive coverage immediately by purchasing online at www.ascensionins.com/programs

OR

Submit this enrollment form, with payment, to us.



E-MAIL programs@ascensionins.com



FAX 1-913-327-0201



MAIL	Regular:	Overnight:
Ascension Benefits & Insurance Solutions	P.O. Box 25936	Overland Park, KS 66225
Ascension Benefits & Insurance Solutions	9225 Indian Creek Parkway,	Suite 700
	Overland Park, KS 66210	



QUESTIONS Call 1-800-955-1991

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 us.

EXCLUSIONS

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

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death or property damage caused by your animal- see FAQ on page 3 for limited small animals coverage)
- Asbestos
- Athletic activity
- Body surfing or mosh pits
- Employment-related practices
- Events hosted/organized by the entertainer/performer
- Fireworks (exclusion does not apply to flashboxes)
- Full body art and painting
- Fungi or bacteria
- Haunted attractions
- Historical battle reenactments
- Hot wax impressions
- Lead
- Nuclear energy liability
- Ownership of a facility for performances
- Personal and advertising injury
- 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
- Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information

Coverages	Option 1	Option 2	Option 3	Option 4	Option 5
Commercial General Liability (CGL):	Limits	Limits	Limits	Limits	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)	\$ 5,000,000	\$ 5,000,000	\$ 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 (Fire Legal Liability)	\$ 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
Annual Rates (based on annual income)					
\$ 30,000 or less	\$ 200.00	\$ 300.00	\$ 550.00	\$ 800.00	\$ 1,050.00
\$ 30,001 - \$100,000	\$ 300.00	\$ 450.00	\$ 700.00	\$ 950.00	\$ 1,200.00
\$100,001 - \$200,000	\$ 600.00	\$ 900.00	\$ 1,150.00	\$ 1,400.00	\$ 1,650.00
\$200,001 - \$300,000	\$ 900.00	\$ 1,350.00	\$ 1,600.00	\$ 1,850.00	\$ 2,100.00
Single Event Coverage (per event) *Single event = 10 days or less	\$ 153.00	\$ 230.00	\$ 480.00	\$ 730.00	\$ 980.00

Coverage provided under this program includes:

Commercial General Liability with Broadening Endorsement – 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.

FREQUENTLY ASKED QUESTIONS

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 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 a landlord or sponsor. By providing an entity additional insured status they now are 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. A certificate request form will be sent with your coverage documents that can be mailed, faxed or e-mailed to us. Please allow adequate time for processing.

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 others 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 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 in writing to: Ascension Benefits & Insurance Solutions, P.O. Box 25936, Overland Park, KS 66225 or programs@ascensionins.com.



Enrollment Form - Entertainer and Performer

Valid for effective dates from 4/1/16 through 3/31/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An 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 membership 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 4-8) with payment**

GENERAL INFORMATION

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: (____) _____

E-mail: _____ Website: _____

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.)

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

BUSINESS INFORMATION

1. Type of entertainer/performer (check all that apply):

<input type="radio"/> Actor portraying historical person (actual/fictional)	<input type="radio"/> Contortionist	<input type="radio"/> Musician, singer or vocalist Genre of music + % of each: _____
<input type="radio"/> Balloon artist	<input type="radio"/> DJ/KJ	<input type="radio"/> Poet
<input type="radio"/> Belly dancer	<input type="radio"/> Face/body painter	<input type="radio"/> Puppeteer
<input type="radio"/> Caricature sketching	<input type="radio"/> Holiday character	<input type="radio"/> Story teller
<input type="radio"/> Celebrity look-alike	<input type="radio"/> Impersonator	<input type="radio"/> Ventriloquist
<input type="radio"/> Clown	<input type="radio"/> Impressionist	<input type="radio"/> Western performer
<input type="radio"/> Comedian	<input type="radio"/> Juggler	<input type="radio"/> Yodeler
<input type="radio"/> Conductor	<input type="radio"/> Magician	
<input type="radio"/> Other (subject to our approval): _____	<input type="radio"/> Mime	

2. Does your annual gross income as an entertainer/performer exceed \$300,000? Yes No

3. Are you age 18 or older? Yes No

4. Do you own or operate your own facility? Yes No

If yes, this program only provides coverage for your operations as an entertainer/performer. It does not extend to your employees or anyone assisting or performing on your behalf, nor does it apply to the operation of a facility.

5. Do you conduct/perform operations outside the U.S.? Yes No

If yes,

- How many times per year do you perform outside of the U.S.? _____
- What is the maximum number of consecutive days you will spend outside the U.S. for performances? _____

(Note: Coverage applies only if your responsibility to pay damages is determined in suit brought in the U.S.)

6. Are any of the events where you perform part of a promoted tour? Yes No

7. Do your performances/operations include any of the following: Yes No

- | | | |
|--------------------------------|--------------------------------------|--|
| Amusement devices | Haunted attractions | 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
Weapons (live ammunition/ sharpened blades) |
| Animals* | Historical battle reenactments | |
| Athletic activity | Hot wax impressions | |
| Body surfing or mosh pits | Hypnotism | |
| Circus act | Stunts and/or strength acts | |
| Fire (fireworks, pyrotechnics) | Permanent tattooing or body piercing | |
| Full body art/painting | | |

Note: the exposures/activities listed above are not covered by this program and any resulting claims will be denied.
* See FAQ # 6 on page 3 for limited small animal coverage available.

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

TO BE COMPLETED ONLY IF LICENSED INSURANCE AGENT IS SUBMITTING THIS FORM

Agency name: _____

Agency mailing address: _____

City: _____ State: _____ Zip: _____

Agent/contact name: _____

Agency telephone: (_____) _____ Agency fax: (_____) _____

Agent/contact e-mail address: _____ Tax ID #: _____

Please check the option you are seeking

Annual Coverage

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="radio"/> \$ 200.00	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 550.00	<input type="radio"/> \$ 800.00	<input type="radio"/> \$ 1,050.00
\$ 30,001 - \$100,000	<input type="radio"/> \$ 300.00	<input type="radio"/> \$ 450.00	<input type="radio"/> \$ 700.00	<input type="radio"/> \$ 950.00	<input type="radio"/> \$ 1,200.00
\$100,001 - \$200,000	<input type="radio"/> \$ 600.00	<input type="radio"/> \$ 900.00	<input type="radio"/> \$ 1,150.00	<input type="radio"/> \$ 1,400.00	<input type="radio"/> \$ 1,650.00
\$200,001 - \$300,000	<input type="radio"/> \$ 900.00	<input type="radio"/> \$ 1,350.00	<input type="radio"/> \$ 1,600.00	<input type="radio"/> \$ 1,850.00	<input type="radio"/> \$ 2,100.00

Single Event Coverage

Single Event/ Show (10 days or less)	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
	<input type="radio"/> \$ 153.00	<input type="radio"/> \$ 230.00	<input type="radio"/> \$ 480.00	<input type="radio"/> \$ 730.00	<input type="radio"/> \$ 980.00

Event name: _____ Event date(s): _____ / _____ / _____

Event location: _____

UW Rec: ___/___/___ Status: N R Broker: Y N Comm: ___% OPS Rec: ___/___/___
 GL Exp Policy #: ___/CP #: ___ Exp Dates: ___/___/___ to ___/___/___
 GL Option: ___ Delivery: M F E Date: ___/___/___ Pay Plan: ___ Bill: AB AD CBG
 Opt Form: 2026 2011 8016 8018 876 2404 Comments: _____
 GL Policy #: ___/CP #: ___ GL Prem: ___ Eff Date: ___/___/___ to ___/___/___
 Insured #: _____

You will receive a certificate showing evidence that coverage has been bound. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Check the type of certificate you are requesting: Additional insured Evidence of coverage

Certificate holder information:

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to named insured:

- Owner/lessor of premises Sponsor Co-promoter
 Franchisor Mortgagee Other (please identify/explain): _____

Other than being named on the certificate as an additional insured or certificate holder, does the person or organization require any special wording or endorsements? Yes No

If yes, check all that apply (*Check your request carefully before submitting. The most common delay in certificate processing is caused by providing a partial or incorrect name and/or instructions.*)

- Form CG2026 Primary endorsement Waiver of subrogation
 Other (please explain): _____

Date certificate needed by: ___/___/___

If applicable: 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: _____

Step 1: Calculate Final Cost

Total Premium Due (from page 5) \$ _____

Risk Purchasing Membership Fee \$ \$15.00

(REQUIRED to be able to process enrollment)

TOTAL COST DUE \$ _____

Step 2: Select Payment Method. Check one.

Check: Please make check payable to Ascension Benefits & Insurance Solutions.

Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

- VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

CSC # (card security) code: _____ Expiration date: _____

I authorize Ascension Benefits & Insurance Solutions to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature: _____

Applicable in AL, AR, DC, LA, MD, NM, 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 FL and OK Any person 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)*. *Applies in FL Only.

Applicable in KS 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 KY, NY, OH and 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA 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 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 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.

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 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; Athletic activity; Body surfing or mosh pits; Commercial general liability standard exclusions (CG0001 04/13 edition); Employment-related practices; Events hosted/organized by the entertainer/performer; 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); Full body art/painting; Fungi or bacteria; Haunted attractions; Historical battle re-enactment, Hot wax impressions; Lead; Nuclear energy liability; Ownership of a facility for performances; 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; 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; Violation of statutes that govern e-mails, faxes, phone calls or other methods of sending materials or information; Those operations listed as ineligible: Acrobatic or aerialist performer, Actor or actress, Circus performer, Cosmetologist/Beautician, Escape artist, Exotic dancer, Fire handlers, Group acts or bands, Henna/Mehndi artist, Hypnotist, Joust, Mascot (college, high school, professional), Model, Performer/entertainer under the age of 18; Performer putting on an athletic exhibition, Performer using weapons (live ammunition or sharpened blades), Production/entertainment companies, Public speaker, Pyrotechnician, Strength performer, Stripper, Stunt performer, Permanent tattoo or body piercing artist, Rap, hip-hop, alternative or techno musical entertainer/performer/DJ, Touring entertainer/performer.

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 books 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.

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 or agent signature:

Date: _____

Printed name: _____ Title: _____

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

Named insured (from page 4): _____

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED
IN EFFECT UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**