

# Performers & Entertainers Insurance Application

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#### **Program Description**

This insurance program has been designed for the individual U.S.-based performer who is a sole proprietor/independent contractor that is entertaining the public. The policy provides protection against bodily injury to a spectator or property damage to performing premises. You must have a U.S. mailing address to be eligible for consideration of coverage under this policy and the premium must be in U.S. dollars.

#### **Operations Not Eligible**

These exposures/activities listed are not covered by this program and any resulting claims will be denied: Hypnotism, rigging, instruction to others, zip line stunts, sky walking, grandstands, fireworks, pyrotechnic devices, your business, your business employees or subcontractors, trackless trains, moonwalks, jump houses or other amusement rides and attractions. Using animals, mammals, or fowl in your performance is not allowed. Magicians are approved to use a rabbit and/or dove during their performance.

### **Coverage Provided Under This Program Includes**

**Commercial General Liability** – coverage that protects the insured against liability claims for bodily injury and property damage arising out of theiroperations.

**Legal Liability to Audience Participants** – coverage that offers protection against bodily injury liability claims brought by persons participating in covered activities.

**Medical Payment for Audience 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.

#### \*Optional Coverage: Sexual Abuse and Molestation (SAM)

Sexual abuse, also referred to as molestation, is abusive sexual behavior by one person upon another. It is often perpetrated using force or by taking advantage of another. When force is immediate, of short duration, or infrequent, it is called sexual assault. The offender is referred to as a sexual abuser or a molester. The term also covers any behavior by an adult or older adolescent towards a child to stimulate any of the involved sexually. The use of a child, or other individuals younger than the age of consent, for sexual stimulation is referred to as child sexual abuse or statutory rape.

- We offer two different coverage limits. This option is available per policy period. You can add at any time, but the coverage will end on your general liability policy expiration date.
- Many schools in California and Illinois require that you carry Sexual Abuse and Molestation (SAM) coverage in addition to
  your general liability coverage before they permit you on the school grounds. Option 2 is what many schools require. At
  this time Option 2 coverage is only available in CA & IL.

## **General Information**

Coverage will begin after we receive the completed application with premium and the application is approved by us.

***Requested Start Date Required: :									
Individual's First Name:		M.I. Individual's Las			dual's Last Na	t Name:			
Performing Name and/or Business Name									
Birth Date:	US Mailing Address:								
City:	State:					Zip Code:			
only.	Zip couc.								
Home Phone:	Cell Phone	e:	Fax:						
Email address:			Website address:						
Check the Boxes Below That Best Describes Your Performance:									
			<u> </u>		·				

#### Group 1 Bubbles/Foam Circus Side Show Clown Costume Character **Balloon Twister** Comedian Hula Hoop **Human Statue** Juggler Mermaid Mime **Pirate** Santa Stilt-walking Unicycling Other\_ Caricature Artist Face/Body Painter Henna Design Glitter and Airbrush Tattoos Contortion Rola Bola Acrobatics **Gymnastics** Hand Balance Ventriloquist Children's Entertainer Puppeteer Palm Reading **Tarot Readings** Gypsy **Escape Artist** Magician Mentalist Illusionist **Public Speaking** Author **Emcee** Storyteller Dancer 1 Man Band **Band Leader** DJ Musician Singer Western Performer Chainsaw Demonstrations **Rope Tricks** Whip Cracker Lumberjack Actor (historical 1 man band Aerialist Author **Acrobatics** figure) Band leader Bubbles/Foam **Balloon Artists Belly Dancers** Caricature Artists Children's Celebrity look-Chainsaw a-like performer entertainer Contortionists Circus side show Clowns Comedians Conductor DJ/KJ Escape artist Costume character Cultural Dancer **Emcee** Face /body Painters Fire Breather Fire Dancer Fire performer Gymnastics Hand balance Henna Design Holiday character Hula Hooper **Human Statue** Illusionists Impersonator Impressionist **Jugglers**

Magicians

mentalist

Mermaid

Individual Disc Jockeys

Lumberjack

Musician, singer, vocalist	Mimes	Pirate	Pirate							
Psychic/fortune teller	Public speaker	Puppete	ers	Rola Bola						
Rope Tricks	Santas	Stilt-wal	ker	Street Perform	ers	Story Tellers				
Chainsaw Demonstrations	Lumberjack	Rope Tr	icks	Western Perfo	mer	Whip Cracker				
Trade show model	Unicyclist	Ventrilo	quist	Western Perfo	mer	Whip Cracker				
Yodeler										
Operations Not Eligible: Trackless grandstand bleachers, or performing powder is not allowed. For a more	ng with animals (note:	•								
Group 2	<i>5</i>									
Aerialist	Fire Breather	Fire Dan	cer	Fire Performer						
<b>Operations Not Eligible:</b> Instruction of others, rigging for other performers, zip line performances, sky walking, high wire over 30 feet, fireworks, and pyrotechnic devices.										
Annual Gross Revenue from your	performance for the La	st Twelve (12) N	onths							
\$0-\$35,000	\$35,001-\$100,00	\$100,00	01-\$200,000	\$200,000 \$200,001-\$300,000						
Note: If you make over \$300,000 ye	ou are not eligible for t	his insurance pro	gram. Ple	ease contact us for ot	her opti	ons.				
Provide a detailed description of y	our performance belo	w. Attach additi	onal page	es if needed.						
Read and Sign										
This application provides a brief of insurance policy.	utline of coverage. Cov	verage is subject	to all teri	ms, conditions and ex	clusion	s stated in the				
Applicant Signature:		Printed Name:			D	ate:				
Costs are non-refundable once cov premium payment. No coverage w			oon receip	ot of a signed, comple	eted app	olication and				
Requesting Additional Insured Certificates										
Some venues require in their written ocharge for naming a venue whe certificate. Use the space below to	re you are working as a	an additional insu	red, but							
Venue Name or Event Name:										

Street Address (required):

City: State: Zip Code:

Email or Fax Number: Attn:

Event date (required):

Additional Insured: Please read your contract for special required language.