



Visit With Santa Insurance Application

Specialty Insurance Agency • 3432 Denmark Ave #231, Eagan, MN 55123
Phone: 715-246-8908 • Fax: 715-246-8908 Email: info@specialtyinsuranceagency.com
Office Hours: Monday – Thursday 10AM to 5PM (CST) Limited online services available after hours.

Program Description

This insurance program has been designed for the individual U.S. based Santa plus one assistant. The assistant can be Mrs. Clause, an Elf, a Helper, or a photographer.

- Coverage is for the holiday season from November 1 to December 31.
- 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.

Carrier

Coverage underwritten by Evanston Insurance Company; a carrier rated A (excellent)

- The limits of coverage are per membership and not shared.
- Your two month coverage starts on November 1 and goes until December 31.

Coverage provided under this program includes

Commercial General Liability with Additional Insured Endorsement, Waiver of Subrogation, Primary Non-Contributory Endorsement – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

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.

Operations Not Eligible

Animals are excluded from this coverage so please leave the reindeer at home!

Policy Administrator

Specialty Insurance Agency is your policy administrator. All requests for service are submitted to Specialty Insurance Agency.

Optional Coverages Available:

- Annual coverage
- Higher limits of coverage
- Business Personal Property – Inland Marine
- Additional Santa Assistant
- Sexual Abuse and Molestation

Please call if you need more information!

General Liability Limits of Coverage

Commercial General Liability Coverage	Option 1 Limits
Each Occurrence	\$1,000,000
General Aggregate	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal and Advertising Injury	\$1,000,000
Damage to Rented Premises (Fire Legal Liability)	\$300,000
Medical Expense	\$5,000
Medical Payments for Audience Participants	\$5,000
Deductible	Zero

Step 1 General Information

This coverage is for the holiday season and Christmas in July.

- Coverage dates will be from November 1 to December 31. Policy cost is \$195.00
- If we received your application after November 1, your coverage will start after your application is processed. We cannot backdate coverage.
- Annual coverage is also available. Policy cost is \$284.00.

<input type="checkbox"/> I am a new account	<input type="checkbox"/> I would like coverage for holiday season
<input type="checkbox"/> I am renewing my coverage	<input type="checkbox"/> I would like annual coverage

Individual's First Name:	M.I.	Individual's Last Name:
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Performing Name &/or Business Name (no LLC or Inc. without letter of sole proprietor acknowledgement=Form SS-4):

U.S. Mailing Address:

City:	State:	Zip Code:
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Home Phone:	Cell Phone:	Fax:
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Email address:	Website address:
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Provide a detailed description of your performance below. Attach additional pages if needed.

Annual Gross Revenue from your performance for the Last Twelve (12) Months

\$0-\$35,000
 \$35,001-\$100,000
 \$100,001-\$200,000
 \$200,001-\$300,000
 Note: If you make over \$300,000 you are not eligible for this insurance program. Please contact us for other options.

Read and Sign

This is an application for membership. This application provides a brief outline of coverage. Coverage is subject to all terms, conditions and exclusions stated in the insurance policy.

Applicant Signature:	Printed Name:	Date:
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Total Cost Summary for General Liability

Costs are non-refundable once coverage begins. Coverage is contingent upon receipt of a signed, completed enrollment form, and premium payment. No coverage will be deemed in effect until premium is received by Specialty Insurance Agency.

Total Cost Due Now For Seasonal Coverage	Premium \$195.00
Total Cost Due Now For Annual Coverage	Premium \$284.00

Select Payment Method

- Check: Please make check payable to Specialty Insurance Agency or Performers of the US.
- If you would like to pay with a card, please complete the online application and submit your payment through the website or fax in your application and call in your card number. There is a 3.25% service fee per transaction when paying with a credit/debit card.

How To Obtain Coverage by Mail

Submit the completed and signed enrollment form and corresponding premium payment to:

Mailing Address: Specialty Insurance Agency Performers of the U.S. 3432 Denmark Ave #231 Eagan, MN 55123	
Phone: 715-246-8908 Fax: 715-246-8908	Email: info@specialtyinsuranceagency.com

Requesting Additional Insured Certificates

Some venues require in their written contract that they be named as an additional insured prior to you starting your job. There is no charge for naming a venue where you are working as an additional insured but you do need to submit a written request for a certificate via online through website, fax, or mail. We do not take phone requests. Use the space below to request a certificate you need right away.

Venue Name: North Pole Innovations Inc dba Visit With Santa		
Attn: Kelly Stone		
Address: 13215 SE Mill Plain Blvd. Ste C8 #510		
City: Vancouver	State: WA	Zip Code: 98684
Fax to:	Email to: kelly@npinn.com	
Event date (required): November 1, 2023 – December 31, 2023		
Additional Insured:		
North Pole Innovations Inc dba Visit With Santa		