



# Performers of the US 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](mailto: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 US-based Santa plus one assistant. The assistant can be Mrs. Clause, an Elf, a Helper, or a photographer.

- Coverage is for the holiday season only 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

We offer a wide range of optional coverages to add on to your Performer liability policies. Explore these optional coverages below:

**\*Optional Coverage: Business Personal Property - Inland Marine**

Inland Marine will cover your business personal property (equipment and costumes) and goods while in storage, in transit to a show, or while at a show for damage or if stolen. 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.

<b>Business Personal Property - Inland Marine</b>	<b>Option 1 Limits</b>	<b>Option 2 Limits</b>
Each Occurrence	\$10,000.00	\$25,000.00
Deductible for Covered Losses	\$250.00	\$250.00
Deductible for Theft Losses	\$500.00	\$500.00
<b>Premium Cost</b>	<b>\$211.00</b>	<b>\$397.00</b>

**List Your Business Personal Property Below if Adding Inland Marine**

**\*Optional Coverage: Additional Santa Assistant**

Santa is covered for one assistant, but if Santa has more assistants that are working the holiday season, you can purchase additional coverage for these extra assistants! The premium cost is \$95.00 per assistant. Your assistant(s) can be inter-changeable.

**\*Optional Coverage: Sexual Abuse and Molestation**

Some venues will require Santa to also be insured for Sexual Abuse and Molestation. We offer a \$100,000 each occurrence policy with a \$300,000 general aggregate. You can add this coverage at any time, but the coverage will end on your general liability policy expiration date. Premium cost is \$130.00

**General Information**

**This coverage will only be for the holiday season.**

- **Coverage dates will be from November 1 to December 31.**
- **If we received your application after November 1, we will start your coverage after your application is processed. We cannot backdate coverage.**

I am a new account

I am renewing my coverage

Individual's First Name:

M.I.

Individual's Last Name:

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:

Home Phone:

Cell Phone:

Fax:

Email address:

Website address:

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.

**Select Your General Liability Limits of Coverage**

We offer two different limits of coverage options. Check your contracts to determine what coverage limits are required.

<b>Commercial General Liability Coverage</b>	<b>Option 1 Limits</b>	<b>Option 2 Limits</b>
Each Occurrence	\$1,000,000	\$3,000,000
General Aggregate	\$2,000,000	\$5,000,000
Products-Completed Operations Aggregate	\$2,000,000	\$5,000,000
Personal and Advertising Injury	\$1,000,000	\$3,000,000
Damage to Rented Premises (Fire Legal Liability)	\$300,000	\$300,000
Medical Expense	\$5,000	\$5,000
Medical Payments for Audience Participants	\$5,000	\$5,000
Deductible	Zero	Zero
<b>Premium Cost</b>	<input type="checkbox"/> <b>\$195.00</b>	<input type="checkbox"/> <b>\$276.00</b>

**Select Your Optional Business Personal Property - Inland Marine (see page 1)**

<b>Business Personal Property - Inland Marine</b>	<b>Option 1 Limits</b>	<b>Option 2 Limits</b>
Coverage Limits: Select Option	\$10,000.00	\$25,000.00
<b>Premium Cost</b>	<input type="checkbox"/> <b>\$211.00</b>	<input type="checkbox"/> <b>\$397.00</b>

**Select Your Optional Assistant Coverage (see page 1)**

<b>Name(s):</b>	<b>Description of Duties (Required):</b>
<b>Premium Cost @ \$95.00 per assistant</b>	<b>\$</b>

**Select Your Optional Sexual Abuse and Molestation**

Coverage Limits: \$100,000 Each Occurrence/\$300,000 General Aggregate

**Premium Cost**       **\$130.00**

**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.

<b>Commercial General Liability Coverage</b>		
Select Option (from above):	<input type="checkbox"/> Option 1 1M/2M <b>\$195.00</b>	<b>Premium \$</b>
	<input type="checkbox"/> Option 2 3M/5M <b>\$276.00</b>	

Optional Business Personal Property - Inland Marine		
Coverage Options (from above):	<input type="checkbox"/> Option 1 \$211.00	Premium \$
	<input type="checkbox"/> Option 2 \$397.00	
Optional Additional Assistant Coverage		
Number of Assistants (from above) @ \$95.00 per assistant		Premium \$
Optional Sexual Abuse and Molestation		
Coverage Limits: \$100,000 Each Occurrence/\$300,000 General Aggregate \$130.00		Premium \$
<b>Total Cost Due Now</b>		<b>\$</b>

Read and Sign		
<i>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.</i>		
<b>Applicant Signature:</b>	<b>Printed Name:</b>	<b>Date:</b>

Select Payment Method
<ul style="list-style-type: none"> <li>• Check: Please make check payable to Specialty Insurance Agency or Performers of the US.</li> <li>• 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.</li> </ul>

How to Obtain Coverage by Mail	
Submit the completed and signed enrollment form and corresponding premium payment to:	
<b>Mailing Address:</b> Specialty Insurance Agency Performers of the US 3432 Denmark Ave #231 Eagan, MN 55123	
Phone: 715-246-8908    Fax: 715-246-8908	Email: <a href="mailto:info@specialtyinsuranceagency.com">info@specialtyinsuranceagency.com</a>

Requesting Additional Insured Certificates
<p>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 <u>online through website, fax, or mail</u>. We do not take phone requests. Use the space below to request a certificate you need right away.</p>
Venue Name or Event Name:
Attn:

Address ( <b>required</b> ):		
City:	State:	Zip Code:
Fax to:	Email to:	
Event date ( <b>required</b> ):		
<b>Additional Insured:</b> Please read your contract for special required language.		