



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

# ENTERTAINERS APPLICATION

### General Information

Date: \_\_\_\_\_

1. Applicant (full legal name of person to be insured): \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5. Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

6. Do you have primary insurance for your corporation, LLC or other business entity?  Yes  No

If yes, please provide the following information (Attach additional pages if necessary):

Type: \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Type: \_\_\_\_\_ Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

7. Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim, lawsuit or loss?  Yes  No

If yes, please explain (provide an additional page if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. You must fully and completely disclose any and all personal and business liability losses. (Attach additional pages if necessary)

\_\_\_\_\_

\_\_\_\_\_

9. Have you ever been convicted of any crime and/or pled guilty or no contest to any criminal charges of any kind?  Yes  No

If yes, please list each and every criminal charge and criminal conviction, and the jurisdiction in which they occurred

(Attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Please indicate the types of entertainment you will be performing:

Face Painter  Juggler- do you use fire?  Yes  No If Yes, please provide details below

Caricature Artist  Magician- do you use fire?  Yes  No If Yes, please provide details below

Clown  Entertaining Children (provide details on an additional page if necessary)

Santa  Hypnotist

Comedy Act  Storyteller

Body Painter  Balloon Art

Street Performer  Other: \_\_\_\_\_

Attach additional pages if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*Please note the use of acrylic paints and para-phenylenediamine ("Black Henna") is excluded from coverage.**

11. How do you sanitize your equipment (Attach additional pages if necessary) ? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. What is your training background for the type(s) of entertainment you indicated? (Attach additional pages if necessary) \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. What is your previous work experience with the type(s) of entertainment you indicated? (Attach additional pages if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTIVITY SCHEDULE**

**ONLY ACTIVITIES SHOWN ON THE DECLARATIONS OR SCHEDULED ON THE POLICY WILL BE COVERED**

If you have more than 10 Performances/Events to schedule, please send in an excel spreadsheet with the below information

| #  | Activity | Description | Annual Gross Receipts | Estimated # of Clients/ Spectators |
|----|----------|-------------|-----------------------|------------------------------------|
| 1  |          |             |                       |                                    |
| 2  |          |             |                       |                                    |
| 3  |          |             |                       |                                    |
| 4  |          |             |                       |                                    |
| 5  |          |             |                       |                                    |
| 6  |          |             |                       |                                    |
| 7  |          |             |                       |                                    |
| 8  |          |             |                       |                                    |
| 9  |          |             |                       |                                    |
| 10 |          |             |                       |                                    |

**Would you like coverage for any of the following?**

- Sexual Abuse & Molestation – Defense Only    Assault & Battery – Defense Only    Terrorism Coverage

**Limits**

- Silver: \$25,000 per person, \$50,000 per accident, \$100,000 aggregate  
 Gold: \$50,000 per person, \$100,000 per accident, \$200,000 aggregate  
 Platinum: \$100,000 per person, \$200,000 per accident, \$400,000 aggregate  
 Other: \_\_\_\_\_

Deductible:  \$500    \$1,000    \$2,500    Other: \$ \_\_\_\_\_

***\*Applicant is submitting this application for a liability quote only.***

## REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name