



WORLD EVENTS SPECIALTY
SPORTS | LEISURE | ENTERTAINMENT

INDEPENDENT INSTRUCTOR OF THE ARTS Insurance Program and Enrollment Form

PROGRAM DESCRIPTION

This program has been designed to meet the unique needs of a U.S.-based independent instructor of the arts or sciences. Coverage provided includes important liability protection for liability claims arising out of their operations.

Please note, this program does not provide liability coverage for the operation, ownership or management of a facility.

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

INELIGIBLE OPERATIONS

This program is not available for:

- Instructors under the age of 18
- Instructors operating outside of the U.S.
- Physical education teachers working in a private or public school, university or college

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
- Employment-related practices
- Fireworks
- Media appearances
- Media Publications
- Operation, ownership or management of an art or music facility
- Speaking engagements

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 World Events Insurance.

ELIGIBLE OPERATIONS

An instructor age 18 or older conducting private or group instruction in the following dance activities is eligible to enroll in this program:

- Amateur youth robotics
- Clay work / pottery
- Craft making
- Culinary (chef, baker)
- Debate instructor
- Digital photography / Art
- Drama
- Drawing
- Instrumental music
- Language
- Math
- Sculpting
- STEM (instruction of grades 8 and below only)
- Vocals

Coverage provided under this program includes:

Commercial General Liability – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

Legal Liability to Participants – coverage which offers protection against bodily injury liability claims brought by persons participating in dance activities under the direction of the insured.

Professional Liability – Provides protection against wrongful acts (breach of duty, neglect, error, omission, misstatement or a misleading statement in the discharge of dance activities) that occur under the operations of the insured.

FOUR EASY WAYS TO ENROLL FOR COVERAGE



WEB www.worldeventsinsurance.com
World Events Insurance



MAIL 110 N. San Joaquin St 2nd FL #31
Stockton, CA 95202



FAX 1-209-888-5094



E-MAIL support@worldeventsinsurance.com



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Enrollment Form - Arts Instructor

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. WORLD EVENTS INSURANCE reserves the right to decline any request for coverage.

CLIENT INFORMATION:

NAMED INSURED (as it should appear on the policy)		
Doing business as (DBA)		
ADDRESS		
CITY	STATE	ZIP

CONTACT INFORMATION:

FIRST NAME	LAST NAME
PHONE	ALTERNATIVE PHONE
FAX	EMAIL ADDRESS

DATES

Coverage will begin the day after the completed enrolment form and premium are received and approved by World Events, 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:

TYPE OF INSTRUCTOR (Check all that apply):			
<input type="checkbox"/> Amateur youth robotics	<input type="checkbox"/> Debate	<input type="checkbox"/> Language	<input type="checkbox"/> Vocals
<input type="checkbox"/> Clay Work/pottery	<input type="checkbox"/> Drama	<input type="checkbox"/> Math	
<input type="checkbox"/> Craft making	<input type="checkbox"/> Drawing	<input type="checkbox"/> Sculpting	
<input type="checkbox"/> Culinary	<input type="checkbox"/> Instrumental Music	<input type="checkbox"/> STEM	
ARE YOU AGE 18 OR OLDER?	<input type="checkbox"/> Y	<input type="checkbox"/> N	
Do you own or operate your own arts, music or science facility and/or have employees/volunteers? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please note this program only provides coverage for your operations as an individual instructor. It does not extend to your employees or anyone performing instruction or training on your behalf, nor does it apply to the operation of a facility.)			
Are you employed as an exempt or non-exempt employee of a school college, or university? <input type="checkbox"/> Y <input type="checkbox"/> N			
Do you conduct operations outside the U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N			

PREMIUMS:

	PREMIUM CERTIFIED		
	Limits of Liability Per Occurrence	General Aggregate	1-Year Premium
Option 1	\$500,000	\$5,000,000	\$169.00
Option 2	\$1,000,000	\$5,000,000	\$205.00
Option 3	\$2,000,000	\$5,000,000	\$295.00

Cost includes premium and a \$25 administration fee.

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

SELECT OPTION: Option 1 Option 2 Option 3

CERTIFICATE REQUESTS

COMPLETE THIS SECTION TO REQUEST ADDITIONAL CERTIFICATES. PROVIDE SEPARATE REQUESTS FOR EACH ADDITIONAL CERTIFICATE NEEDED.

INDICATE TYPE OF CERTIFICATE THAT YOU ARE REQUESTING: ADDITIONAL INSURED EVIDENCE OF COVERAGE

CERTIFICATE HOLDER/ENTITY NAME:

MAILING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO YOU: OWNER/LESSOR OF PREMISES SPONSOR CO-PROMOTER

SPECIAL CERTIFICATE LANGUAGE NEEDED (please explain or attach information):

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. World Events Insurance receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; selling of policy. The insurance company compensates World Events Insurance based on a predetermined calculation of ten percent of the total premium.

I understand that, subject to applicable laws, World Events Insurance will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer. 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 signature _____ **Date:** _____

Printed name: _____ Title: _____



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