

# Performer Insurance Program



## Premium Rates and Benefits — SINGLE PERFORMER

Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 1. Program Rate Performer 5 days or less: \$ 50.00 (Subject to \$50.00 MP)
- 2. Program Rate Performer 6–14 days: \$100.00 (Subject to \$100.00 MP)
- 3. Program Rate Performer 15–30 days: \$150.00 (Subject to \$150.00 MP)
- 4. Program Rate 1–6 months: \$275.00 (Subject to \$275.00 MP)
- 5. Program Rate 6 months – Annual: \$350.00 (Subject to \$350.00 MP)

## Premium Rates and Benefits — GROUP PERFORMER POLICIES

Please check all plan numbers that apply.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 6. Groups of 2 or More Performers 5 days or less: \$ 35.00 per performer (Subject to \$70.00 MP)
- 7. Groups of 2 or More Performers 6–14 days: \$ 75.00 per performer (Subject to \$150.00 MP)
- 8. Groups of 2 or More Performers 15–30 days: \$105.00 per performer (Subject to \$210.00 MP)
- 9. Groups of 2 or More Performers 1–6 months: \$205.00 per performer (Subject to \$410.00 MP)
- 10. 2 or More Performers 6 months – Annual: \$260.00 per performer (Subject to \$520.00 MP)

MP = Minimum Premium is Fully Earned at Inception

Plan Premium \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of Performers  
(Plans 6–10 Only)

Optional Coverages (check each coverage selected and total at bottom):

- Increased General Aggregate to \$2,000,000.00 \_\_\_\_\_ x 5% = \$ \_\_\_\_\_  
Plan Premium
- Increased General Aggregate to \$3,000,000.00 \_\_\_\_\_ x 10.25% = \$ \_\_\_\_\_  
Plan Premium
- Increased General Aggregate to \$4,000,000.00 \_\_\_\_\_ x 15.76% = \$ \_\_\_\_\_  
Plan Premium
- Increased General Aggregate to \$5,000,000.00 \_\_\_\_\_ x 21.55% = \$ \_\_\_\_\_  
Plan Premium
- Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00 per performer. = \$ \_\_\_\_\_
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00 per performer. = \$ \_\_\_\_\_  
  - *Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.*
- Higher per occurrence limits of up to \$5,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$ \_\_\_\_\_
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage. = \$ \_\_\_\_\_

**Total Premium = \$ \_\_\_\_\_**

Name of Applicant \_\_\_\_\_

Note: Group performer policies require the name, address and description of each performer.

Contact Information

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone \_\_\_\_\_

Dates of Event \_\_\_\_\_

Time(s) \_\_\_\_\_

Location of Performances \_\_\_\_\_

Description of Performances \_\_\_\_\_

# Performer Insurance Program

Has any prior coverage been cancelled or non-renewed?  Yes  No

If yes, please describe and provide loss history: \_\_\_\_\_  
\_\_\_\_\_

Name, Address and Relationship of all additional insured to be added to the policy:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by The Company.

Choose one of the following three options. Please initial your choice:

- Enclosed is my check for the total premium.
- Enclosed is 20% of my total premium. I would like to finance my premium.  
Please mail a finance agreement explaining the monthly payment system.  
*This payment option is only available for annual policy terms.*
- Please charge my:  Visa  MasterCard  Discover  American Express  
*A convenience fee of 3% is added to all credit card payments.  
For financed premium, the convenience fee applies only once and in addition to the 20% down payment.*

Name on Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_  
\_\_\_\_\_

Card # \_\_\_\_\_ Exp Date (mm/yyyy) \_\_\_\_\_

Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name & License Number \_\_\_\_\_ Agent Telephone Number \_\_\_\_\_

Agent Address \_\_\_\_\_

Agency Email \_\_\_\_\_



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