



AMALGAMATED ORDER OF REAL BEARDED SANTAS



Liability Insurance Program and Enrollment Form

This brochure is valid for effective dates from 6/1/08 through 5/30/09



K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502
www.kandkinsurance.com • CA #0334819

Program Description

This insurance program has been specifically designed for US based members of the Amalgamated Order of Real Bearded Santas. The coverage options include coverage for those members portraying Santa only, or Santa and other characters throughout the year, or Santa partnering with another holiday character (Mrs. Claus) when they work on an independent contractor basis appearing at local businesses, malls, shopping centers, special events, private parties, etc. Coverages provided under this program include important liability protection for the AORBS member or AORBS member and partner for claims arising out of their operations.

Eligible Operations

Any active member of the Amalgamated Order of Real Bearded Santas is eligible to purchase insurance through this program.

Liability Coverage and Limits

Commercial general liability coverage protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations. No deductible applies to liability claims.

<u>Coverage</u>	<u>Limits - Option I</u>	<u>Limits - Option II</u>
Commercial General Liability Each Occurrence	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 2,000,000	\$ 2,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000

Medical Payments For Participants Coverage

Medical Payments For Participants coverage pays the medical and dental expenses incurred by a participant when an accidental injury occurs while participating in your operations. The coverage is provided on a primary basis. A \$0 deductible applies to each claim, and the benefit period is two years from the date of the accident. A participant is any person involved in audience participation or an interactive component of an insured performance or entertainment activity. Participants do not include the insured entertainer or performer.

<u>Coverage</u>	<u>Limit</u>
Medical Payments For Participants	\$ 5,000 per claim

Notable Exclusions

The following exclusionary endorsements are part of the policy providing coverage for this program:

- Abuse or molestation
- Asbestos
- Designated operations exclusion—
use of animals or fire
- Employment-related practices
- Amusement devices
(rides, slides, inflatables, etc)
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Pollution

Carrier

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

Premium Information

Premium is based upon the limits of liability selected and charged per entertainer/performer for annual coverage.
100% of the premium is fully earned at inception and is not refundable in the event of cancellation.

	<u>Limits of Liability</u>	<u>Annual Premium</u>	<u>FL Applicant Annual Premium</u>
AORBS member portraying Santa Only	\$1,000,000 \$2,000,000	\$160.00 \$240.00	\$161.60 \$242.40
AORBS member portraying Santa and a partner portraying another Holiday Character	\$1,000,000 \$2,000,000	\$304.00 \$456.00	\$307.04 \$460.56
AORBS member portraying Santa and other characters year round	\$1,000,000 \$2,000,000	\$180.00 \$270.00	\$181.80 \$272.70

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium



How to Obtain Coverage

1. Complete and sign the enrollment form provided with the brochure.
2. Remit the completed and signed enrollment form and corresponding premium payment to:

**Regular Mail: K&K Insurance Group, Inc.
Entertainers/Performers Program
P.O. Box 2338
Fort Wayne, IN 46801-2338
Phone 1-800-328-2317**

**Overnight: K&K Insurance Group, Inc.
Entertainers/Performers Program
1712 Magnavox Way
Fort Wayne, IN 46804**

If paying by credit card, fax to 1-260-459-5502

3. You will be notified by K&K if, for any reason, your submission to this insurance is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. If your enrollment is accepted, you will receive a certificate of insurance indicating coverage.
5. Coverage will become effective the day after the enrollment form and premium payment are received by K&K, or a later date that is specified on the enrollment form.
6. Coverage is provided on an annual basis.
7. For any requests for changes or additions to your current coverage or any changes to the original enrollment form, please indicate those changes or additions in writing.
8. Please allow 10 days for processing.

Note: Any requests to amend or change coverage or the information reported on the enrollment form must be submitted in writing to K&K Insurance Group.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual insurance policy for complete information regarding coverage terms, conditions and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group, Inc.



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Liability Enrollment Form

**This enrollment form is valid for effective dates
 from 6/1/08 through 5/30/09**

This form must be completed, signed and returned with your payment. The submission of this enrollment form and/or the acceptance of payment does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

Insured Information

Name: _____
 Stage name: (if any) _____
 Mailing address: _____
 City: _____ State: _____ Zip : _____
 Contact name: _____
 Phone: (____) _____ Fax:(____) _____ Cell phone:(____) _____
 E-mail address: _____ Web site: _____

- Desired effective date: Start my coverage on the date after my enrollment form and payment are received
 Start my coverage on this date: ____/____/_____
 Start my coverage upon my expiration date of: ____/____/_____

Note: Coverage will not be made effective earlier than the date after the enrollment form and payment are received by K&K Insurance Group.

Premium - Check one.

	<u>Limits of Liability</u>	<u>Annual Premium</u>	<u>FL Applicant Annual Premium</u>
AORBS member portraying Santa Only	\$1,000,000 \$2,000,000	<input type="checkbox"/> \$160.00 <input type="checkbox"/> \$240.00	<input type="checkbox"/> \$161.60 <input type="checkbox"/> \$242.40
AORBS member portraying Santa and a partner portraying another Holiday Character	\$1,000,000 \$2,000,000	<input type="checkbox"/> \$304.00 <input type="checkbox"/> \$456.00	<input type="checkbox"/> \$307.04 <input type="checkbox"/> \$460.56
AORBS member portraying Santa and other characters year round	\$1,000,000 \$2,000,000	<input type="checkbox"/> \$180.00 <input type="checkbox"/> \$270.00	<input type="checkbox"/> \$181.80 <input type="checkbox"/> \$272.70

Notes:

1. Premiums are fully earned at inception and are nonrefundable.
2. Please allow 10 days for processing.
3. All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

Certificate Requests:

Please note that you will receive a certificate showing evidence that coverage has been bound. Use this section to request an additional certificate.

Check the type of certificate that you are requesting: Additional insured OR Evidence of coverage

Certificate holder

Entity name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Relationship to you: Owner/lessor of premises Sponsor Co-promoter
 Other (please identify/explain): _____

Special certificate language needed (please explain or attach information): _____

If we need to fax or e-mail this certificate, please indicate.

Fax: (_____) _____ Attn (name): _____

E-mail: _____

** If additional certificates are needed, please attach a separate piece of paper with all of the information indicated above.

NOTE: Requests can not be processed without completing all of the information above. Please remember to verify your requests as specified in any contracts you have signed prior to submitting your enrollment form for approval. All certificate requests must be submitted in writing.

PLEASE READ AND SIGN

WARRANTY AND DISCLOSURE STATEMENT

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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. 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 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: _____ Printed name: _____

Title: _____ Date: _____

Mailing Instructions: Please refer to page 3, "How to Obtain Coverage" number 2.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met.
- All questions/sections of the enrollment form have been answered/completed.
- The Warranty and Disclosure Statement section is signed.
- The required premium payment has been provided.
- If paying by credit card, the complete credit card information is provided, along with signature.

Making Your Payment: Please check payment option.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____

Credit Card: If you are making your payment by credit/debit card, please complete the following:

I authorize K&K Insurance Group, Inc. to charge my premium payment to my credit card in the amount of \$ _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

Reference number (last 3 digits on back of card): _____ Expiration date: _____

Print name (as on card): _____

Cardholder signature: _____