



Shoff Darby
Companies, Inc.

REENACTMENT CLUBS/GROUPS OR INDIVIDUAL REENACTORS Insurance Program and Enrollment Form

This brochure is valid for effective dates from 4/1/11 through 3/31/12

PROGRAM DESCRIPTION

This program has been designed for U.S.-based member clubs/groups or individuals of the Living History Association, Inc. Coverage provided includes important liability protection for the club, group or individual for liability claims arising out of their operations.

- **Club/Group** consists of those clubs and/or groups participating in historical activities. Covered operations consist of your scheduled, sanctioned, organized and supervised activities in which your members participate and that are directly related to the specific common interest or goal for which the club or group is formed. Coverage is also provided for member activities such as meetings, registrations, parades in which you participate, picnics, banquets and ceremonies.

Note: Coverage for reenactment events sponsored or hosted by the member club/group are not covered by the program. Please contact Living History Association for reenactment event insurance.

- **Individual** is one who works on an independent contractor basis as a historical reenactor performing and entertaining at local humanities, art programs, fairs, festivals and other special events.

Note: Sale of those items made by the individual reenactor can be included.

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

INELIGIBLE OPERATIONS

The following operations not eligible for this program include, but are not limited to the following. Contact Shoff Darby with any questions regarding eligibility.

Club/Group

- Clubs or groups whose primary focus is not related to historical reenactment

Individual

- Acrobatic/aerialist performer
- Circus performer
- Escape artist
- Group acts or bands
- Hypnotist
- Jousting
- Mascot
- Performer putting on an athletic exhibition
- Pyrotechnician
- Strength performer
- Stunt performer
- Tattoo or body piercing

ELIGIBLE OPERATIONS

Those entities or clubs that are current members of the Living History Association, Inc. For clarification of eligibility, contact Allison Steeves with Shoff Darby at 1-800-840-7762.

Club/Group

- A club or group conducting reenactment activities related to a historical time period

Individual

- Must be at least 18 years of age
- Annual gross income from the entertainer's or performer's activities cannot exceed \$100,000
- Must dress and/or speak in the historical era the entertainer or performer is representing

EASY WAYS TO ENROLL FOR COVERAGE



WEB For information and applications, visit us on-line at www.shoffdarby.com

OR

Submit this enrollment form, with payment, to Shoff Darby.



E-MAIL steeves@shoffdarby.com



FAX 1-203-268-0687



MAIL Shoff Darby Companies, Inc.
100 Technology Drive, Suite 200
Trumbull, CT 06611



QUESTIONS Call Shoff Darby Companies, Inc. at **1-800-840-7762** or Living History Association at **1-802-368-7913**

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 Shoff Darby Companies, Inc.

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 (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal— limited small animal coverage is provided, see full exclusion on page 6)
- Asbestos
- Employment-related practices
- Events where the insured is required to hold a liquor license or permit
- Fireworks (exclusion does not apply to flashboxes)
- Gambling events or activities
- Historical battle reenactments (hosting actual event)
- Hot wax impressions
- Outside concessionaires and vendors in conjunction with your organization
- Operation, ownership or management of any facility or premises, other than while being used for covered activities
- Personal and advertising injury (individual reenactor program)
- Weapons - live ammunition and/or sharpened blades

COVERAGES AND LIMITS

Coverages	Individual Reenactor Coverage		Reenactment Club/Group Coverage	
	Option 1	Option 2	Option 3	Option 4
Commercial General Liability	Limits	Limits	Limits	Limits
Each Occurrence	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000	\$ 4,000,000	\$ 3,000,000	\$ 4,000,000
Products-completed Operations Aggregate	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Personal and Advertising Injury	Excluded	Excluded	\$ 1,000,000	\$ 2,000,000
Legal Liability to Participants	\$ 1,000,000	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000	\$ 300,000	\$ 300,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Medical Payments for Participants (excess) \$100 per claim deductible applies	Not Applicable	Not Applicable	\$ 5,000	\$ 5,000
Medical Payments for Participants (primary) \$0 per claim deductible applies	\$ 5,000	\$ 5,000	Not Applicable	Not Applicable
Rates	Based on Annual Income of Individual Reenactor		Based on Per Member/Participant, Per Club	
Annual Income of Individual Reenactor	Individual whose operations include products being sold		\$ 9.00	\$ 12.30
\$30,000 or less	\$ 220.00	\$ 330.00		
\$30,001 - \$100,000	\$ 330.00	\$ 495.00	Policy Minimum Premium Per Club	
Annual Income of Individual Reenactor	Individual whose operations do not include products being sold			
\$30,000 or less	\$ 200.00	\$ 300.00		
\$30,001 - \$100,000	\$ 300.00	\$ 450.00	\$ 300.00	\$ 375.00

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 covered activities.

Medical Payments for Participants – coverage which pays the medical and dental expenses incurred by a member/participant when an accidental injury occurs while participating in your covered activities. The benefit period for this coverage is two years from the date of the accident.



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. Shoff Darby reserves the right to decline any request for coverage.

TO AVOID PROCESSING DELAYS, PLEASE:

- 1. Complete all sections (print legibly)**
- 2. Sign and date where required**
- 3. Remit completed enrollment form (pages 3 - 7) with payment**

GENERAL INFORMATION	Named insured (as it should appear on the policy): _____ <small>(Reenactment Clubs/Groups - the legal name of the business or organization; typically the name that would appear on any contracts or agreements - Individual Reenactors (Individual's full name)</small>
	Doing business as (DBA): _____ <small>(additional name(s) under which the named insured operates)</small>
	Mailing address: _____
	City: _____ State: _____ Zip: _____
	Contact name: _____ Phone: (_____) _____
	Cell: (_____) _____ Fax: (_____) _____
	E-mail: _____ Website: _____

DATES	Coverage will begin the day after the completed enrollment form and premium are received and approved by Shoff Darby, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: _____ / _____ / _____

BUSINESS INFORMATION	Complete if Applying for Coverage as: CLUB/GROUP	
	Are you seeking coverage for all members/participants within your club?	<input type="radio"/> Yes <input type="radio"/> No
	Are you responsible for the ownership or operation of a facility on a long-term basis?	<input type="radio"/> Yes <input type="radio"/> No
	Do you host, sponsor or organize any activities or events that are open to the public?	<input type="radio"/> Yes <input type="radio"/> No
	Do your club activities/operations include any of the following?	<input type="radio"/> Yes <input type="radio"/> No
	<ul style="list-style-type: none"> • Acrobatic or circus performing groups • Addiction or illness support groups • Dating programs • Day care or adult before and/or after school care, latch key programs, babysitting or childcare clubs or programs • Discipline, rehabilitation or behavior modification programs • Groups under the direction of a professional counselor or therapist 	<ul style="list-style-type: none"> • Instruction of first aid, CPR or life-saving/lifeguarding • Nutritional and/or weight loss programs • Programs or activities that involve weapons or firearms with live ammunition or sharpened blades operations • Professional advice • Retreats • School accredited classes, programs or clubs
	The exposures/activities listed above are not covered by this program and any resulting claims will be denied. If you wish to cover any of these activities/operations, please contact Shoff Darby to determine if other coverage options are available.	

Complete if Applying for Coverage as: INDIVIDUAL

Type of entertainer/performer (check all that apply)

- Radio buttons for Actor portraying historical person, Musician, singer, vocalist, Sutler, Craft/art vendor, Storyteller, Western performer, and Other (subject to approval).

Does your annual gross income as a reenactor exceed \$100,000? Yes/No

Are you age 18 or older? Yes/No

Do you conduct operations outside the U.S.? Yes/No

Do you dress in period costume and/or speak the period language? Yes/No

Do you make any products? Yes/No

If yes, please describe:

Do you sell this product? Yes/No

Does your performance include any of the following? Yes/No

- Radio buttons for Animals*, Fire (fireworks/pyrotechnics), Stunts, Athletic activity, Hot wax impressions, Tattooing or body piercing, Circus act, Hypnotism, Weapons (live ammunition/sharpened blades)

The exposures/activities listed above are not covered by this program and any resulting claims will be denied.

* Limited small animal coverage is provided – see exclusion on page 6

Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

This certificate is for our:

- Radio button for Program coverage (commercial general liability)

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

Certificate holder information:

Entity name:

Mailing address:

City: State: Zip:

Relationship to named insured:

- Radio buttons for Owner/lessor of premises, Sponsor, Co-promoter

Other (please identify/explain):

Date needed by: / /

Special certificate language needed (please explain/attach):

If applicable:

RE: Date(s) of event/activity: to / /

Type of event/activity:

Name of event/activity:

Location of event/activity:

Premium Calculation for CLUB/GROUP

Rates (per member/participant, per club)	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
	\$9.00	\$12.30

Please calculate your premium due below.

Coverage Option	No. of Members/Participants	X	Rate (from chart above)	=	Premium
				=	\$
Minimum Premium: Option 1 = \$300 Option 2 = \$375 Please enter your minimum premium.					\$
Premium Due: If the total calculated premium is less than the minimum premium, the total due is the minimum premium.					\$
Florida Applicants: Florida applicants need to add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium. Total Premium Due (premium due x 1.013)					\$

Premium Calculation for INDIVIDUAL

Please choose one option below.

Annual Income Reenactor whose operations include products being sold	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Florida Applicants	
			Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
\$30,000 or less	<input type="radio"/> \$220.00	<input type="radio"/> \$330.00	<input type="radio"/> \$222.86	<input type="radio"/> \$334.29
\$30,001-\$100,000	<input type="radio"/> \$330.00	<input type="radio"/> \$495.00	<input type="radio"/> \$334.29	<input type="radio"/> \$501.44

Annual Income Reenactor whose operations do not include products being sold	Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit	Florida Applicants	
			Option 1 \$1,000,000 CGL Limit	Option 2 \$2,000,000 CGL Limit
\$30,000 or less	<input type="radio"/> \$200.00	<input type="radio"/> \$300.00	<input type="radio"/> \$202.60	<input type="radio"/> \$303.90
\$30,001-\$100,000	<input type="radio"/> \$300.00	<input type="radio"/> \$450.00	<input type="radio"/> \$303.90	<input type="radio"/> \$455.85

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Additional certificate requests will be issued to the same person. Please select only one option.

- E-mail to: _____ attn: _____
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)
- Fax to: _____ attn: _____
- Mail to: _____ attn: _____

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program. Abuse, molestation, harassment or sexual conduct; Activities or events hosted, sponsored or organized by the insured that are open to the public; Aircraft/hot air balloon; Airport; Amusement devices (The ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing—either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on, or tunnel through); Animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you. However, rabbits, doves, mice, hamsters, non-venomous/non-constricting snakes and dogs weighing less than 15 lbs. are covered for the liability arising out of the insured’s operations that include the use of these animals); Asbestos; Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Events where the insured is required to hold a liquor license or permit; Fireworks (However, this exclusion does not apply to flashboxes. As used in this environment, flashboxes means a device used to create a visual effect along with an explosive noise and is induced electronically in a cylinder with no projectile, wading or wrapping); Fungi or bacteria; Gambling activities or events; Haunted attractions; Historical battle reenactments (hosting actual event); Hot wax impressions; Lead; Nuclear energy liability; Operation, ownership or management of any facility or premises, other than while being used for covered activities; Outside concessionaires and vendors in conjunction with your organization; Performers; Personal and advertising injury (individual reenactor coverage only); Rodeos; Saddle animals; Snowmobile; Weapons (live ammunition and/or sharpened blades); Those operations listed as ineligible: **Club/Group:** Clubs or groups whose primary focus is not related to historical reenactment, Acrobatic or circus performing groups, Addiction or illness support groups, Dating programs, Day care or adult before and/or after school care operations, latch key programs, babysitting or childcare clubs or programs, Groups under the direction of a professional counselor or therapist, Instruction of first aid, CPR or life-saving/life guarding, Nutritional and/or weight loss programs, Professional advice, Retreats, School accredited classes, programs or clubs; **Individual:** Acrobatic/aerialist performer, Circus performer, Escape artist, Group acts or bands, Hypnotist, Jousting, Mascot, Performer putting on an athletic exhibition, Pyrotechnician, Strength performer, Stunt performer, Tattoo or body piercing artist

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

PAYMENT INFORMATION

Check: Please make check payable to Shoff Darby Companies, Inc. Enclosed is check # _____ for \$ _____

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

VISA MASTERCARD AMERICAN EXPRESS

Card number: _____

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

I authorize Shoff Darby Companies, Inc. to charge my payment to my credit card in the amount of \$ _____

Print name (as on card): _____

Cardholder signature _____

READ AND SIGN

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN, and VA, insurance benefits may also be denied)

APPLICABLE IN COLORADO It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WARRANTY 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.

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: _____

Name insured (from page 3): _____