

THE CANADIAN CIRCUS PERFORMERS ASSOCIATION



McLEAN & SHAW
INSURANCE BROKERS

COMMERCIAL GENERAL LIABILITY AND UMBRELLA APPLICATION

1. APPLICANT

- a) Name of Applicant:
- b) Address of Applicant :
- c) Applicant is
 - a corporation
 - a partnership
 - an individual X
 - other
- d) Description of operations:
- e) Years of Experience:
- f) Year of incorporation / or in business:
- g)
- h) Name and address of subsidiaries:

2. LIMIT OF LIABILITY REQUIRED: \$,000,000 CGL

- a) Effective date of insurance: Name of present insurer:
- b) Has any insurer ever refused or cancelled any insurance? **NO**

3. LEASED PROPERTY

- a) Describe all buildings: **NONE**

LOCATION	AREA	OCCUPANCY	ANNUAL RENT	CONSTRUCTION

b) Does applicant have any interest as owner, lessee or tenant in following?

- freight and/or passenger elevator YES NO
if yes, specify number, type, capacity, use and locations:
- lots YES NO
if yes, specify location, area, use: own storage yard
- owned watercraft YES NO
or
- leased or chartered watercraft YES NO
if yes, specify number, type, length, H.P.
- leased aircraft YES NO
if yes, specify the number and annual cost of leasing:

4. OPERATIONS

a) Description of applicant's operations and annual sales:

OPERATIONS - PRODUCTS	GROSS ANNUAL RECEIPTS	% DISTRIBUTION			
		ONT	CAN	USA	OTH
			100%		
TOTAL					

b) Number of employees and annual payroll:

	ADMINISTRATION	SERVICE	SALES	OTHER	TOTAL
Employees					
Annual Payroll					

c) Does applicant handle any material that could cause pollution? YES NO

5. INCIDENTAL MALPRACTICE LIABILITY

a) Does applicant operate a hospital, a clinic or first aid facility? YES NO

If yes

specify:

	full time	part time
number of doctors	_____	_____
number of nurses	_____	_____

b) Is individual liability of employed doctors and nurses covered by insurance? YES NO
 If yes, what are the limits of insurance provided?

6. CONTRACTUAL LIABILITY

Does applicant assume any liability, by contract, verbal or written agreement? YES NO

if yes, attach wording of such contract or written agreements.

7. PRODUCTS LIABILITY: NOT APPLICABLE

a) List by category, all products manufactured, sold, handled or distributed by the applicant	Annual Receipts

b) Specify the percentage of annual sales:

- in Canada %
- in United States %
- other countries % list the countries,

c) Give details of operations away from applicant's premises.

d) Describe products whose manufacturing has ceased. Give reason for discontinuing production and year. Specify annual sales:

- e) Does applicant have operations outside Canada? **YES NO**
 if yes, in which country and what is the corresponding amount? See attached
- f) Has the applicant included brochures or other relevant documentation concerning the products? **YES NO**
- g) Are there any products or activities related to nuclear energy or defense? **YES NO**
- h) Do any products or activities imply usage of radio-isotopes or radioactivity? **YES NO**

8. OTHER EXPOSURES

Is the applicant subject to the following risks?

- a) Work committed to sub-contractors or independent contractors? **YES NO**
 type of work:
 annual costs:
- b) Railroad operation: **YES NO**
 Fully describe any railway network owned, used or operated by the insured:
- c) Advertising: **YES NO**
 description: brochures, magazines
 estimated annual advertising expenditure over \$10,000.
 advertising agency:
 others :
 description of unusual advertising activities such as contests, exhibits:
- d) Pollution (chemical products, gases, wastes) **YES NO**
 specify quantities, methods of storage and handling, methods of transportation off-premises, permission given to others to dispose of waste on premises, type of supervision:

12. SCHEDULE OF PRIMARY POLICIES: NOT APPLICABLE

COVERAGE	CARRIER	POLICY TERM	LIMIT	PREMIUM
General liability				
Automobile				
Professional				
Directors and officers				
Others (ex. aviation, marine)				
Do these policies insure all corporations and subsidiaries listed in item 1?				
If not, explain:				

The applicant certifies that the above statements and facts are true and that no information has been suppressed or misstated.

Date:

Signature:

By (Name): _____

Title: _____

BROKER INFORMATION:

BROKER: MCLEAN & SHAW INSURANCE

CONTACT: SHELLY KLUFAS

PHONE: 780-644-9202 FAX: 780-452-4489



Please check all that apply:

Low Risk Artist Disciplines	
<ul style="list-style-type: none"> <input type="checkbox"/> Balloon Twister <input type="checkbox"/> Circus Side Show <input type="checkbox"/> Clown <input type="checkbox"/> Comedian <input type="checkbox"/> Costume Character <input type="checkbox"/> Human Statue <input type="checkbox"/> Juggler <input type="checkbox"/> Mermaid <input type="checkbox"/> Mime <input type="checkbox"/> Pirate <input type="checkbox"/> Santa <input type="checkbox"/> Stilt Walker <input type="checkbox"/> Unicycle <input type="checkbox"/> Cyr Wheel <input type="checkbox"/> Caricature Artist <input type="checkbox"/> Face & Body Painter <input type="checkbox"/> Glitter & Airbrush Tattoos <input type="checkbox"/> Henna Design (doesn't include "black" henna) <input type="checkbox"/> Acrobatics / Gymnastics <input type="checkbox"/> Contortion / body bending <input type="checkbox"/> One Man Band <input type="checkbox"/> Band Leader <input type="checkbox"/> Solo Hand Balance <input type="checkbox"/> Tightwire <input type="checkbox"/> Contact Juggler 	<ul style="list-style-type: none"> <input type="checkbox"/> Teeter Board <input type="checkbox"/> Russian Bar <input type="checkbox"/> Trampoline <input type="checkbox"/> Whip cracker – no audience participation <input type="checkbox"/> Escape Artist <input type="checkbox"/> Illusionist <input type="checkbox"/> Magician <input type="checkbox"/> Mentalist <input type="checkbox"/> Emcee <input type="checkbox"/> Public Speaking <input type="checkbox"/> Storytelling <input type="checkbox"/> Rolla-Bolla <input type="checkbox"/> Children's Entertainer <input type="checkbox"/> Puppeteer <input type="checkbox"/> Ventriloquist <input type="checkbox"/> Gypsy <input type="checkbox"/> Dancer <input type="checkbox"/> Palm Reading <input type="checkbox"/> DJ <input type="checkbox"/> Musician <input type="checkbox"/> Singer <input type="checkbox"/> Rope Tricks <input type="checkbox"/> Western Performer <input type="checkbox"/> Pole Artist

High Risk Artist Disciplines	
<ul style="list-style-type: none"> <input type="checkbox"/> Fire Breather <input type="checkbox"/> Fire Performer <ul style="list-style-type: none"> <input type="checkbox"/> Fire eater <input type="checkbox"/> Poi <input type="checkbox"/> Staffs <input type="checkbox"/> Fans <input type="checkbox"/> Hoop <input type="checkbox"/> Whip <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Risley (2 person acrobatics) <input type="checkbox"/> Knife Thrower <input type="checkbox"/> Aerial Silks <input type="checkbox"/> Aerial Lyra (hoop) <input type="checkbox"/> Aerial Hammock



Policy #ATRI0137

NO CLAIMS DECLARATION

I hereby declare that, after enquiry, I am not aware of any existing claim or circumstance which could give rise to a claim or loss on the above captioned Policy.

Name _____

Date _____

Signed _____



UNITED STATES EXCLUSION AGREEMENT

It is hereby understood and agreed that the insurance provided by this policy shall not apply to:

1. Any operations by or on behalf of the Insured in the United States of America; or
2. Services, goods or products provided or sold in or for the use in the United States of America.
3. Any claim made in or action brought in or proceedings issued in any country, which operates under the laws of the United States of America.
4. Any judgement, award, payment or settlement made within any country, which operates under the laws of the United States of America (or any order made anywhere in the world to enforce such judgement, award, payment or settlement either in whole or in part).

Name

Date.....

Signed.....

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MINIMUM SAFE DISTANCE AGREEMENT

It is a condition of cover under this policy that any entertainer whose act includes fire or live blades performs with a minimum distance of 3 meters between themselves and the audience.

I, the undersigned, agree to maintain this distance as a bare minimum. I also agree to adhere and abide by any and all conditions stipulated by the fire department of any city that I perform in.

Name _____

Date _____

Signed _____