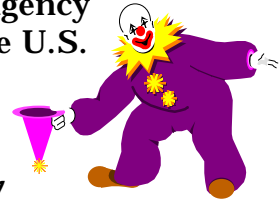


**Specialty Insurance Agency
& Clowns Of The U.S.**

**P. O. Box 24
New Richmond, WI 54017
Fax: 715-246-4257**



**Phone 715-246-8908
Email: info@clownsoftheus.com
Website: www.clownsoftheus.com**

Dear Entertainer,

Thank you for your interest in our commercial general liability policy. The following information pertains to the policy & our services.

The Clowns of the U.S. insurance program is designed for the person who is entertaining others as a clown, juggler, face painter, balloon twister, magician, fire dancer, stage hypnotist, caricature artist, street performer, comedy act, aerialist, storyteller, minstrel, children's entertainer, etc.

Operations Not Eligible:

Fireworks, pyrotechnic devices, animals, mammals, fowl, athletic participation, your business employees or subcontractors, trackless trains, moonwalks, jump houses, or other amusement rides and attractions.

Policy Limits of Coverage:

\$3,000,000 Each Occurrence

\$3,000,000 Personal & Advertising Injury

\$4,000,000 General Aggregate

\$4,000,000 Products - Completed Operations Aggregate

Carrier

Coverage underwritten by First Specialty Insurance Corp; a carrier rated A+ (superior)

Premium

Coverage is for an annual term from April 25 to April 25 for \$190.00 per person.

Other Policy Information:

- This policy provides you with coverage though out the United States, Canada, & Puerto Rico.**
- There is no charge for naming a venue (such as the fair) where you are working as an additional insured.**

Requesting an Additional Insured:

You can request additional insured certificates via the mail, fax or email.

To email your request go to:

- www.clownsoftheus.com and click on the insurance tab.**
- Go to On-Line Forms section & click on certificate request.**
- Fill in all the blanks and hit the Email Form button.**

Your request is delivered to our Internet mailbox. Requests received are submitted for processing each working day. These requests are normally completed and faxed within 24 to 48 hours. We ask that you to allow two weeks to process your request in the event that there are complications with required wording. Let us know if it is a rush.

Continued on backside.

RETURN THIS PORTION WITH YOUR CHECK.

This Application is for: .. April 25, 2006 to April 25, 2007 - \$190.00 per person

.. Single Event - \$125.00 per person

Event date(s): _____

Make your checks or money orders payable to: **Clowns of the U.S.**

First Name:		Last Name:	
Business or Performer Name:			
Mailing Address:			
City:		State:	Zip Code:
Phone:		Fax:	
Email address:			
The Clowns of the US association is proud to represent Clowns of America International's members with their insurance needs. If you are a member of Clowns of America International, include your member number and pay \$180.00 for your insurance premium instead of \$190.00. → → → → → → → → → → → → →			C.O.A.I. #
Description of What You Do: Note: We DO NOT COVER animals, your business, fireworks, pyrotechnic devices, trackless trains, moonwalks, jump houses or other amusement rides & attractions.			

Certificate Holder:

(Venue where you are performing that is requiring a certificate in their name.)

Name:		
Attn:		
Mailing Address (required):		
City:	State:	Zip Code:
Additional Insured: (venue name / City of... / County of..)		
Fax to:		
Event date (not required):		

Our office hours:

Monday - Thursday 9AM - 5PM (Central Time Zone)

We are closed on all holidays & weekends.

If you are sending overnight mail, our street address is: 1961 104th Street

Thank you for purchasing your policy from Clowns of the U.S.!

Have a great year and keep smiling!

Stephanie Weiss