



APPLICATION FOR: **Accident Insurance Enrollment**

****This form must be submitted with premium at least 24 hours before any engagement.**

Producer Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Engagement Name: _____ Location: _____
City State

Engagement State Date: _____ Engagement End Date: _____

Submitted By: _____ Email Address: _____

Rates

1-3 Day Engagement: Rate \$19.00 per Person, per Day

Number of Performers _____ X \$19.00 = \$ _____ X Number of Days _____ = Amount Due \$ _____

4-7 Day Engagement: Rate \$78.00 per Person

Number of Performers _____ X \$78.00 = \$ _____ X Number of Days _____ = Amount Due \$ _____

Total Premium Due = \$ _____

Covered Participants

Coverage only applies to those participants named below. PLEASE PRINT FULL NAME.

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | 26. _____ |

27. _____
28. _____
29. _____
30. _____
31. _____
32. _____
33. _____
34. _____
35. _____
36. _____
37. _____
38. _____

39. _____
40. _____
41. _____
42. _____
43. _____
44. _____
45. _____
46. _____
47. _____
48. _____
49. _____
50. _____

Circus Producers Association

CREDIT CARD AUTHORIZATION

I authorize ALIVE RISK to charge my credit card in the amount stated below for the insurance requested by me.

I am paying Premium of: \$ _____

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Phone Number: _____

Billing Address: _____
Street City State Zip

Cardholder Signature: _____

Printed Name: _____

Date: _____

EMAIL COMPLETED APPLICATION TO: JLYNCH@ALIVERISK.COM