



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**CIRCUS SCHOOL**

**1. General Information**

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Physical Location of School or Office (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used and to be Insured:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

Applicant is: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: \_\_\_\_\_

Is this a new business? ☐ Yes ☐ No

Please list the business owner(s) of the business applying for insurance and identify how many years experience the owner(s) has in this type of business: \_\_\_\_\_

Please list the manager(s) of the business applying for insurance and identify how many years experience the manager(s) has in this type of business: \_\_\_\_\_

Last Year's Gross Receipts: \$ \_\_\_\_\_ Short term/Workshop Participants: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Please describe the school's drug policy and what the procedure is when a student, employment applicant, or employee fails a drug test: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? ☐ Yes ☐ No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: \_\_\_\_\_

Fax: \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

## 2. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor ever had a claim? ☐ Yes ☐ No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

☐ Yes ☐ No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

## 3. Other Insurance

Please provide the following information for all other business-related insurance the Applicant currently carries.

	1	2	3
Coverage Type			
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

#### 4. Desired Insurance

##### Limit of Liability – Professional Liability Coverage:

Per Act / Aggregate	Per Person / Per Act / Aggregate
<input type="checkbox"/> \$50,000 / \$100,000	<input type="checkbox"/> \$25,000 / \$50,000 / \$100,000
<input type="checkbox"/> \$150,000 / \$300,000	<input type="checkbox"/> \$75,000 / \$150,000 / \$300,000
<input type="checkbox"/> \$250,000 / \$1,000,000	<input type="checkbox"/> \$100,000 / \$250,000 / \$1,000,000
<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$250,000 / \$500,000 / \$1,000,000
<input type="checkbox"/> \$1,000,000 / \$2,000,000	<input type="checkbox"/> \$500,000 / \$1,000,000 / \$2,000,000
<input type="checkbox"/> \$1,000,000 / \$5,000,000	<input type="checkbox"/> \$500,000 / \$1,000,000 / \$5,000,000
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Sexual Abuse and Molestation Coverage requested?

☐ Yes ☐ No

Self Insured Retention (SIR): ☐ \$1,000 (Minimum) ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

#### 5. Business Activities:

- Length of season and hours of operation: \_\_\_\_\_
- Business models used by this school (check all that apply):
  - ☐ Fixed Location school (own or rent a dedicated facility with students enrolled in regular, long-term classes)
  - ☐ Fixed Location with short-term students (own or rent a dedicated facility with students that are primarily short term – e.g. flying trapeze)
  - ☐ Outreach (you take equipment to and run programs at client sites. Includes classes, workshops, etc.)
  - ☐ Birthday Parties (as part of your business, you run circus skills birthday parties)
  - ☐ Student Performances (your students do an end of class show for friends and family)
  - ☐ Public Performances (your students do public performances for which the school is paid)

#### 6. Facilities (Fixed Locations)

- Does your program have a fixed location facility? ☐ Yes ☐ No (If no, then skip to next section)
- Please include any information which adequately describes your fixed facilities (diagrams, photos, etc)
- List all locations where activities take place
  - Address: \_\_\_\_\_ Number of buildings: \_\_\_\_\_
  - Address: \_\_\_\_\_ Number of buildings: \_\_\_\_\_
  - Address: \_\_\_\_\_ Number of buildings: \_\_\_\_\_
- Is there water on the premises? ☐ Yes ☐ No  
If yes, is the water: ☐ Swimming Pool(s) ☐ Pond(s) ☐ Lake(s) ☐ River(s) ☐ Creek(s) ☐ Other: \_\_\_\_\_
- List all parties who have an interest in the premises (attach additional sheets if listing more than one):
  - Owner: \_\_\_\_\_ Address \_\_\_\_\_
  - Tenant: \_\_\_\_\_ Address \_\_\_\_\_
  - Other (explain): \_\_\_\_\_ Address \_\_\_\_\_
- Describe the traffic control / parking plan for each location (attach additional sheets if needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Skills taught by this school (check all that apply. List any additional skills on a separate sheet of paper)

**Manipulation Skills**

- ☐ Finger Balancing
- ☐ Juggling
- ☐ Diabolo
- ☐ Flag Spinning
- ☐ Devil Sticks
- ☐ Poi
- ☐ Contact Juggling
- ☐ Cigar Box manipulation
- ☐ Plate Spinning
- ☐ Hat Tricks
- ☐ Rope and Lasso
- ☐ Bull Whip
- ☐ Knife Throwing
- ☐ Club Swinging
- ☐ Balloon Twisting
- ☐ Foot Juggling
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Equilibristic Skills**

- ☐ Acro-Bike
- ☐ Pyramid Bike
- ☐ Hand Held Stilts
- ☐ Peg Stilts
- ☐ Unicycle
- ☐ Rolling Globe
- ☐ Rolla Bolla
- ☐ Peddle-Go
- ☐ Slack Rope
- ☐ Tight Wire
- ☐ High Wire
- ☐ Stacking Chairs
- ☐ Chinese Poles / Perch
- ☐ Roman Ladders
- ☐ Free Standing Ladder
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Acrobatic Skills**

- ☐ Tumbling (Gymnastics)
- ☐ Hoop Diving
- ☐ Jump Rope
- ☐ Partner Acrobatics / Adagio
- ☐ Group Pyramids
- ☐ Hand Balancing
- ☐ Contortion
- ☐ Yoga
- ☐ Mini Tramp
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Aerial Arts**

- ☐ Aerial Hoop (Lyra)
- ☐ Aerial Silks (Fabrics)
- ☐ Cloud Swing
- ☐ Corde Lisse
- ☐ Cradle
- ☐ Hair Hang
- ☐ Roman Rings
- ☐ Russian Swing
- ☐ Shoot-Through Ladder
- ☐ Spanish Web
- ☐ Straps
- ☐ Static Trapeze
- ☐ Swinging Trapeze
- ☐ Flying Trapeze
- ☐ Low Casting
- ☐ Washington Trapeze
- ☐ Dance Trapeze
- ☐ Multiple Trapeze
- ☐ French Trapeze
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Drama Skills**

- ☐ Acting
- ☐ Clowning
- ☐ Pratt Falls

- ☐ Pratt Fighting / Stage Combat (hand-hand)
- ☐ Mime Techniques
- ☐ Stage Combat (Sword Fighting)
- ☐ Stage Combat (Staff Fighting)
- ☐ Dance
- ☐ Voice
- ☐ Music
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### **Fire Arts**

- ☐ Fire Transfers

- ☐ Fire Eats/Extinguishes
- ☐ Fire Breathing
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

### **Stagecraft**

- ☐ Prop Construction
- ☐ Set Construction
- ☐ Electrical
- ☐ Rigging
- ☐ Lighting
- ☐ Sound

8. Describe any other business activities you engage in that have not been outlined above: \_\_\_\_\_

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9. Do you make use of liability waivers? ☐ Yes ☐ No  
If yes, please attach a copy.
10. Are all activities supervised? ☐ Yes ☐ No  
If no, explain: \_\_\_\_\_
11. Do you have video surveillance cameras? ☐ Yes ☐ No  
If yes, how long is video stored?: \_\_\_\_\_
12. Do you have an operating plan or procedure manual? ☐ Yes ☐ No  
If yes, please attach a copy.
13. Do you have and use written advancement criteria? ☐ Yes ☐ No  
If yes, please attach a copy.
14. Do you use and keep written lesson plans? ☐ Yes ☐ No  
If yes, please attach a copy.
15. Do you make use of student/staff textbooks? ☐ Yes ☐ No  
If so, list published textbooks below, or attach copies of any in-house (self published) textbooks \_\_\_\_\_

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16. Do you have and make use of a formal Risk Assessment program? ☐ Yes ☐ No  
If yes, please attach a copy.

## **7. Equipment**

1. How often is equipment inspected (attach additional sheets of paper if needed): \_\_\_\_\_
2. Do you have formal procedures for inspecting equipment? ☐ Yes ☐ No  
If yes, please attach a copy.
3. Do you maintain equipment logs? ☐ Yes ☐ No  
If yes, please attach a copy.

## 8. Employees

1. Do you use independent contractors as employees? (e.g. adjunct faculty that are 1099ed) ☐ Yes ☐ No
2. Minimum age for employment? \_\_\_\_\_
3. How many employees do you have?

	Full Time	Part Time
Seasonal		
Year Round		
Contracted		

4. Do you do ongoing training with your staff? ☐ Yes ☐ No

If yes, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please enclose resumes of your managers and primary teachers.

## 9. Independent Contractors

1. Other than contractors used as staff, are there any Independent Contractors operating on your business premises? ☐ Yes ☐ No
2. Have you obtained Certificates of Insurance from all independent contractors? ☐ Yes ☐ No

## 10. Customers / Participants

1. How many people participate in your activities annually? (Guest/Participant Days)

Activity	This year	Last year
Long-term students		
Short-term students		
Outreach		
Parties		
Student Performances		
Public Performances		
Other		

2. What, if any, are the minimum and maximum age, weight and height requirements for participants?  
List as: Age: years/months ; Height: feet'/inches" ; Weight: pounds. Attach additional pages if necessary.

Activity	Minimum	Maximum

3. Please break out gross receipts by category

Activity	This year	Last year
Retail		
Rental		
Long-term classes		
Short-term classes and workshops		
Outreach programs		
Parties and events		
Admission Fees		
Public Performances		
Other		

**11. Checklist of Enclosures and Attachments (check all are that transmitted with this application)**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Diagrams, photos, brochures, etc that describe the facility</li> <li><input type="checkbox"/> Traffic control map</li> <li><input type="checkbox"/> Brochures, flyers, and other current or recent advertising</li> <li><input type="checkbox"/> Liability waiver</li> <li><input type="checkbox"/> Operating plan/procedure manual</li> <li><input type="checkbox"/> Emergency Plan</li> <li><input type="checkbox"/> First Aid Kit List</li> <li><input type="checkbox"/> Written advancement criteria</li> <li><input type="checkbox"/> Sample Lesson plans</li> <li><input type="checkbox"/> Staff manual</li> <li><input type="checkbox"/> Student textbooks</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Risk Assessment</li> <li><input type="checkbox"/> Equipment Inspection policy</li> <li><input type="checkbox"/> Equipment Log</li> <li><input type="checkbox"/> Resumes of managers and primary teachers</li> <li><input type="checkbox"/> Certificates of Insurance from independent contractors</li> <li><input type="checkbox"/> Personal Roster</li> <li><input type="checkbox"/> Registration Form</li> <li><input type="checkbox"/> Traffic Control / Parking Plan</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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## **REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant: \_\_\_\_\_

Agent/Broker: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name