



Circus Educators Insurance Application



The AYCO-ACE Insurance Program has been specifically designed to provide insurance for the unique risks of teaching & performing circus arts. The program has been collaboratively designed with AYCO-ACE Board of Directors. Front Row is committed to helping you better understand your insurance coverage and how it can protect you, your school or studio, your students and the great people working for you. We love questions – so be sure to ask lots of them!

The AYCO-ACE program can include the coverage for:

Bodily Injury & Property Damage Liability (Each Occurrence/Aggregate)	\$1,000,000 / \$3,000,000
Personal Injury (Libel, Slander, Defamation) & Advertising Liability (Copyright Infringement)	Up to \$1,000,000 Each Occurrence
Damage to Rented Premises	Up to \$1,000,000 Each Claim
Participant Accident & Medical Insurance	\$10,000 or \$25,000
Optional Coverage:	
Hired or Non-Automobile Liability	Up to \$1,000,000
Professional Educators Errors & Omissions Liability (Each Occurrence/Aggregate)	Up to \$1,000,000 / \$2,000,000
Abuse & Molestation Liability (Each Occurrence/Aggregate)	Up to \$1,000,000 / \$2,000,000
Property: Equipment, Studio Assets, Tenant Improvements, Buildings, Tents	As Required
<i>Note: Higher insured amounts are available.</i>	

Please provide us with the following additional documents when you return the application:

1. **Signed Application:** The Application must be signed by an executive officer.
2. **Waivers:** A copy of waiver or release forms that participants, their parents or guardians sign when registering for your programs.
3. **Organization Policies:** Your Organization’s Harassment & Discrimination policy.
4. **Claims History:** A 4-year claims history report from your current insurance provider. This can be provided later but will require it before we can start your new AYCO / ACE insurance policy.
5. **Equipment List:** A list of your activity-specific equipment. Note, this is required regardless of whether we are insuring this property for you.
6. **Additional Information:** Please use the General Remarks section on Page 9 (after the Signature page) to provide us with additional information about your answers to the questions.

Note: The policy for which this application is made, subject to its terms, applies only to any occurrence (as applicable in the coverage section for which application is made) which is the result of bodily injury or property damage which has occurred during the policy period. The limit of liability available to pay damages or settlements shall be reduced and may be exhausted by amounts incurred as costs, charges and expenses (as defined in the coverage section for which application is made), and costs, charges and expenses shall be applied to the retentions. Submitting this application does not guarantee coverage.



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GENERAL INFORMATION

Are you a current ACE Organizational Member? Yes No

Full Legal Name of Applicant:

Charitable or Not-Profit Corporation Individual / Sole Proprietor Partnership

EIN No.

Mailing Address:

City, State & Zip Code:

Contact Person:

E-mail:

Is it acceptable for us to correspond and send documentation to you by email? Yes No

If 'No' to the above, please the method we should use to communicate and send documents to you:

Telephone: Business: - - Mobile: - -

Year Established: Website:

Operations are: Year-Round Seasonal – From: To:

Estimated gross revenue for the next 12-months: \$

Actual gross revenue for your last financial year-end: \$

Do your students or their legal guardians sign a waiver or release of liability form? If Yes, please include a sample with your application. Yes No

Staffing – Number of: Full-time (30-40 Hours) Part-time (Less than 30 Hours) Permanent Contract:

Average Number of: Volunteers

PROPERTY: STUDIO & SCHOOL LOCATION

Do you maintain a permanent school, studio or teaching space? No Yes (same as mailing address)

If either of the above locations are different from your mailing address, please provide street, city & state:

Is your program a traveling program without a permanent school, studio or teaching space? No Yes

Please confirm the following:

Our premises are: Leased Owned Floor Area: square feet

Type of Construction: Walls Brick / Masonry Wood Roof Wood / Beam Steel

Do you have? Fire Sprinklers Extinguishers

Security Alarm Is alarm monitored by an alarm company? Yes No

CCTV Electronic Lock – Code or Card Building security or controlled after-hours access

Do you have a performance or rehearsal space? No Yes Seats or licensed capacity:

Do you rent your space to other organizations? No Yes (please provide details)

Please briefly describe the various uses by others of the space:

Do you request proof of insurance? No Yes

Are you added as an Additional Insured to the renter's insurance? No Yes



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SAFETY PROTOCOLS

- Do you follow the Safety Guidelines on the ACE website? No Yes
- Have you completed and are you recognized by the ACE Safety Program? No Yes
(Note: An insurance premium discount applies when you are recognized by the ACE Safety Program)
- To your knowledge are you compliant with city, state & county fire, life & safety laws? No Yes
- Do you have an emergency evacuation plan for your school, studio or events? No Yes
- Do you have or make use of a formal Risk Assessment Plan? No Yes
- Do you have on staff a qualified rigger to provide you with your rigging requirements? No Yes
- Do you subcontract rigging services to a qualified rigger? No Yes
- What is the maximum height of your aerial rigging? _____ Feet
- Do you have formal inspection procedures for all of your equipment? No Yes
- How often is equipment inspected? Weekly Monthly Quarterly Semi-Annually Annually
- Who performs the equipment inspections? Position: _____
- Is aerial equipment inspected by a qualified rigger? No Yes
- Do you maintain inspection logs and details of all maintenance & repairs performed on equipment? No Yes
- Do you train your staff & contracted teachers in your safety procedures & guidelines? No Yes
- Additional Comments about inspection procedures:

TEACHING & INSTRUCTION

- Are all classes supervised by your teachers or faculty? No Yes
- Are classes only offered in your school or studio? No Yes
If No, please provide details of where off-site classes are held:
- Is portable equipment or apparatus used for off-site classes? No Yes
If Yes, please list the type of equipment that is being used:
- Do you have any overnight camps or off-premises trips or excursions? No Yes
If Yes, please provide details:
- Do you have an operating plan or procedure manual? No Yes
- Do you use and keep written lesson plans? No Yes
- Are you hired by public school districts or other private schools to teach? No Yes
- Are you familiar with and compliant with the conduct requirements of the school district? No Yes
- Do you ensure anyone working or volunteering for you is compliant these conduct requirements? No Yes
- Total number of students annually (All Ages)
- Do you have students under 18 years of age or younger? No Yes
If Yes, please provide the estimated number of students you have in the following categories:
Ages 3 to 5 years of age:



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Ages 6 to 8 years of age:

Ages 9 to 12 years of age:

Ages 13 to 18 years of age:

Do you teach outside of USA? No Yes

If Yes, where do you teach? Canada Other – Where:

How many students do you teach outside of USA? No Yes

Do you have private student performances for their friends or family? No Yes

Number of performances each year:

Performance venue: Our School Other Location Address:

Do you arrange public performances for your students? No Yes

Performance venue: Our School Other Location Address:

Number of performances each year:

Are circus birthday parties offered year-round? No Yes

If yes: How many are held each year?

Usual Average Attendance:

SKILLS TAUGHT

Please check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Aerial Hoop (Lyra) | <input type="checkbox"/> Aerial Silks (Fabrics) | <input type="checkbox"/> Corde Lisse | <input type="checkbox"/> Cloud Swing |
| <input type="checkbox"/> Cradle | <input type="checkbox"/> Spanish Web | <input type="checkbox"/> Roman Rings | <input type="checkbox"/> Straps |
| <input type="checkbox"/> Static Trapeze | <input type="checkbox"/> Swinging Trapeze | <input type="checkbox"/> Flying Trapeze | <input type="checkbox"/> Low Casting Washington Trapeze |
| <input type="checkbox"/> Dance Trapeze | <input type="checkbox"/> Multiple Trapeze | <input type="checkbox"/> French Trapeze | <input type="checkbox"/> Aerial Cube |
| <input type="checkbox"/> Trampoline | <input type="checkbox"/> Other: (please describe) | | |
| <input type="checkbox"/> Tumbling / Gymnastics / Acrobatics | <input type="checkbox"/> Hoop Diving | <input type="checkbox"/> Partner Acrobatics / Adagio | <input type="checkbox"/> Group Pyramids |
| <input type="checkbox"/> Hand Balancing | <input type="checkbox"/> Contortion | <input type="checkbox"/> Yoga | <input type="checkbox"/> Mini Tramp |
| <input type="checkbox"/> Jump Rope | | | |
| <input type="checkbox"/> Juggling | <input type="checkbox"/> Diabolo | <input type="checkbox"/> Devil Sticks | <input type="checkbox"/> Poi |
| <input type="checkbox"/> Contact Juggling | <input type="checkbox"/> Cigar Box Manipulation | <input type="checkbox"/> Plate Spinning | <input type="checkbox"/> Finger Balancing |
| <input type="checkbox"/> Flag Spinning | <input type="checkbox"/> Hat Tricks | <input type="checkbox"/> Rope & Lasso | <input type="checkbox"/> Bull Whip |
| <input type="checkbox"/> Knife Throwing (adults only) | <input type="checkbox"/> Club Swinging | <input type="checkbox"/> Foot Juggling | <input type="checkbox"/> Fire Arts |
| <input type="checkbox"/> Unicycle | <input type="checkbox"/> Rolling Globe | <input type="checkbox"/> Rolla Bolla | <input type="checkbox"/> Peg Stilts |
| <input type="checkbox"/> Hand-Held Stilts | <input type="checkbox"/> Slack Rope | <input type="checkbox"/> Peddle-Go | |

Wire Work:

- Low Tight Wire (1' to 2' off ground)
- Medium Tight Wire (2' to 7' off ground)
- High Tight Wire (7' to 20' off ground)



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SKILLS TAUGHT

Please check all that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> German Wheel | <input type="checkbox"/> Cyr Wheel | <input type="checkbox"/> Russian Swing | <input type="checkbox"/> Stacking Chairs |
| <input type="checkbox"/> Chinese Pole/Perch | <input type="checkbox"/> Roman Ladders | <input type="checkbox"/> Free Standing Ladder | <input type="checkbox"/> Acro-Bike |
| <input type="checkbox"/> Pyramid Bike | <input type="checkbox"/> Russian Bar | <input type="checkbox"/> Teeterboard/Korean Plank | |
| <input type="checkbox"/> Other (please describe): | | | |

NON-OWNED VEHICLES

- Do you rent vehicles for use for periods of 30 days or less? No Yes
- Approximate amount spent each year in vehicle rental fees: \$
- Do you employees or volunteers use their personal vehicles for use in your operations? No Yes
- Do you request proof of valid insurance on their vehicles? No Yes Not Applicable
- Do you charter buses, vans or other vehicles for touring? No Yes
- If yes, are these vehicles used outside of the USA? No Yes
- Do you confirm third party liability coverage with the charter company? No Yes Not Applicable

Please provide the names of usual operators of rented or hired vehicles:

Name of Driver	Date of Birth	Driver License Number	State
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LIQUOR LIABILITY

- Do you hold events where liquor is served? No Yes
- Do you obtain Special Occasion Permits for serving alcohol? No Yes
- Do you have a premises owner / operational liquor license? No Yes
- Are all servers trained according to State requirements? No Yes
- Expected number of events: _____
- Annual liquor revenue \$ _____
- Not applicable: we do not have alcohol or we are not responsible for serving alcohol

If No, please describe the type of event where trained servers are not used:

ABUSE LIABILITY

Would you like your program to include abuse liability insurance? No Yes

We strongly recommend abuse liability for all schools & studios. Claims can arise from working with children, youth, adults and vulnerable adults.

If Yes, please complete the Abuse Liability Supplemental Questionnaire on page 6 of this application



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PRIOR INSURANCE & CLAIMS INFORMATION

Current Insurance Company:

Expiry Date: (dd/mm/yy)

Have you made claims under previous production, commercial or business insurance?

No Yes

If yes, please provide details including the date of the claim (description and the amount paid):

Date of Claim	Description	Amount Paid	Status
			<input type="checkbox"/> Closed <input type="checkbox"/> Open
			<input type="checkbox"/> Closed <input type="checkbox"/> Open
			<input type="checkbox"/> Closed <input type="checkbox"/> Open
			<input type="checkbox"/> Closed <input type="checkbox"/> Open

GENERAL REMARKS

DECLARATION & SIGNATURE

Important: Please read the following carefully

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

It is warranted that the particulars and statements contained in the Application for the proposed Policy and any materials submitted herewith (which shall be retained on files by Underwriters and which shall be deemed attached hereto, as if physically attached hereto), are the basis for the proposed Policy and are to be considered as incorporated into and constituting a part of the proposed Policy.

It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the Policy, the Applicant will notify Underwriters and, at the sole discretion of Underwriters, any outstanding quotations may be modified or withdrawn.

I have read the foregoing and I understand and accept the conditions.

I am authorized to sign on behalf of the Applicant and the information provided is imputed on the Applicant

Completed by:

Date:

(mm-dd-yy)

Title:

Signature: _____



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AMOUNTS OF INSURANCE

In section, please estimate the cost to replace your property and indicate how much insurance you would like for each component of your program.

General Liability and Participant Accident & Medical Insurance

Bodily Injury or Property Damage Liability Insurance:

- Each Occurrence \$1,000,000 or \$
- Annual General Aggregate (Note: if a higher Occurrence amount is indicated Aggregate will be increased) \$3,000,000

Participant Accident Medical Coverage:

Note: if your organization does not have an underlying accident medical policy, you will need to purchase and show proof to receive participant liability coverage.

Would you like a quotation for Participant Accident Medical coverage? Yes No

Property Insurance

- Replacement Value of School & Studio Property (please include owned, rented or borrowed property)
- Building (if owned or if you are required to insure under a lease or contract) \$
- Equipment or Apparatus \$
- Audio-Visual or Technical Equipment \$
- Costumes \$
- Office Equipment \$
- Laptop Computers \$
- Other Property \$
- Tenant or Leasehold Improvements (for leased or rented premises) \$
- Physical Damage to Rented or Hired Vehicles \$50,000 or \$

ABUSE LIABILITY: SUPPLEMENTAL QUESTIONNAIRE (please complete this section if you want abuse liability coverage)

*We strongly recommend abuse liability for all schools & studios.
Claims can arise from working with children, youth, adults and vulnerable adults.*

WORKPLACE POLICIES & PROTOCOLS

Do you have the following in current use and practice:

- A written workplace policy against workplace harassment including sexual harassment? No Yes
- A written code of conduct for acceptable workplace behavior? No Yes
- A written policy against discrimination? No Yes
- A written procedure for managing workplace complaints? No Yes

The above policies & protocols apply to the following individuals:

- Employees Independent Artistic Staff Contracted Employees / Individuals Volunteers

Do you require that all individuals read & accept your policies & protocols? No Yes

Do you keep a record on file of their acceptance? No Yes

Do you have interns, employees, cast members or performers or volunteers under the age of 18? No Yes



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If so, do your written policies & protocols outline acceptable codes of conduct with respect to individuals under the age of 18?

No Yes

SAFETY & PROTECTION

Are written employment application forms required for all:

Employees?

No Yes

Volunteers?

No Yes

Does the application contain a release of liability, authorizing you to conduct reference checks?

No Yes

Are reference checks always conducted and documented for both employees and volunteers?

No Yes

Do you have a written safety & protection policy on the supervision of children/youth/vulnerable adults?

No Yes

Do you prohibit the use of corporal punishment?

No Yes

Is your safety & protection policy for child/youth/vulnerable adult reviewed and signed by all:

Employees or Contracted Individuals?

No Yes

Volunteers (including parent volunteers)?

No Yes

Are criminal background screening & vulnerable sector screening checks required for:

Employees or Contracted Individuals?

No Yes

Volunteers (including parent volunteers)?

No Yes

Is formal child/youth/vulnerable adult protection training received prior to engagement in their duties for all:

Employees or Contracted Individuals?

No Yes

Volunteers (including parent volunteers)?

No Yes

Do you provide refresher courses and procedure update training?

No Yes

Is there a supervision program for new employees, contracted individuals or volunteers?

No Yes

Do you require that there always be a minimum of two persons supervising children/youth/vulnerable adults?

No Yes

Do you have a written procedure in place for handling incidents of alleged abuse?

No Yes

Do you require that all suspected inappropriate behavior and/or alleged incidents to be reported and followed up?

No Yes

Are all personnel aware of the necessity for prompt reporting of incidents?

No Yes

Is there a senior person within the organization who is designated to handle incidents of alleged abuse?

No Yes

Have you ever received a complaint from any party about issues relevant to abuse related to anyone currently working, volunteering or who has previously been associated with your organization?

No Yes

Do you **permanently** and securely keep records for :

Employment applications or employee information, references and identity verification documents for all employees, contracted individuals or volunteers

No Yes

Accident / incident registers, records of abuse allegations and/or abuse occurrences, including notification to the appropriate authorities?

No Yes

Signed acknowledgement of children/youth/vulnerable adults protection procedures and protocols by employees, contracted individuals & volunteers?

No Yes

Records of protection training, which was provided to personnel?

No Yes

Records of criminal background checks/vulnerable sector checks?

No Yes



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ADDITIONAL DECLARATION & SIGNATURE (Please sign on the following page if you have completed the above Abuse Liability questions)

Important: Please read the following carefully

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and this Application will be attached and become a part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.

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- I have read the foregoing and I understand and accept the conditions.
- I am authorized to sign on behalf of the Applicant and the information provided is imputed on the Applicant

Completed by: _____ Date: _____ (mm-dd-yy)

Title:

Signature: _____



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GENERAL COMMENTS

Question No.	Comments
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