



*Fraternal Order of
Real Bearded Santas*



PHILADELPHIA
INSURANCE COMPANIES

A Member of the Tokio Marine Group

Liability Insurance Program and Enrollment Form

This brochure is valid for effective dates from 02/01/09 through 01/31/10

Program Description

This insurance program has been specifically designed for US based members of the Fraternal Order of Real Bearded Santas. Coverages provided under this program include important liability protection for the FORBS member or FORBS member and assistant for claims arising out of their operations.

Eligible Operations

Coverage limited to registered members of FORBS only and their assistants who have been reported to the company and for whom a premium has been paid.

Coverage Term

The FORBS Master Policy is an 18 month policy running from 02/01/09 to 08/01/10. FORBS members enrolling mid-term will have coverage from date of enrollment to 08/01/10. All enrolled participants will be notified of a 12 month renewal for the 08/01/10 - 08/01/11 policy period.

Liability Coverage and Limits

Commercial general liability coverage protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations. No deductible applies to liability claims.

Coverage Limits

Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury	\$1,000,000
General Aggregate Limit (Other than products-completed operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Damage to Premises Leased or Rented to You	\$100,000

Subject to the following terms and conditions

- Aggregate Limit Applies Per Member
- Premises Medical Payments Excluded
- Abuse & Molestation Coverage sublimit can be included at no addition premium if background checks on member and member assistants are completed and on file with FORBS.
- Bodily Injury to Performers Excluded
- Additional Insured's – Lessors of Premises, Sponsors, included at no additional premium.

Carrier

Coverage is provided by Philadelphia Indemnity Insurance Company, rated A++XV by A.M. Best.

Rates

Per Member	\$176.00	Flat/Fully Earned
Per Member	\$4.16	Credit Card Transaction Fee
Per Member Assistant(s)	\$76.00	Flat/Fully Earned
Per Member Assistant(s)	\$1.61	Credit Card Transaction Fee

Credit Card Transaction Fees do not apply when paying by check.

How to Obtain Coverage

1. Complete and sign the enrollment form provided with the brochure.
2. Remit the completed and signed enrollment form and corresponding premium payment to:
 - **Regular or Overnight Mail:**
Kaercher Campbell & Associates Insurance Brokerage
Attn: Steve Waters – FORBS Insurance Coordinator
2500 North Buffalo Drive, Suite 230
Las Vegas, NV. 89128-7856
 - **Phone**
1-800-280-6642
 - **Fax**
1-702-304-7898
3. You will be notified by Kaercher Campbell if, for any reason, your submission to this insurance is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. If your enrollment is accepted, you will receive a certificate of insurance indicating coverage.
5. Coverage will become effective the day after the enrollment form and premium payment are received by Kaercher Campbell, or a later date that is specified on the enrollment form.
6. For any requests for changes or additions to your current coverage or any changes to the original enrollment form, please indicate those changes or additions in writing.
7. Please allow 7 business days for processing.

Note: Any requests to amend or change coverage, or the information reported on the enrollment form must be submitted in writing to Kaercher Campbell & Associates Insurance Brokerage.

Contact Information:

FORBS Insurance Coordinator
Steve Waters
P: 310-556-1900
C: 310-291-5508
F: 702-304-7898



FORBS MEMBERS
Liability Insurance Application

Applicant's Name*			
Address			
City		State	ZIP
FORBS Member#*		E-Mail Address	
Contact Person (Billing)		Phone	

1 Years wearing the red suit

**2 Have you had any claims filed against you within the past four years?
If Yes (checked) please provide details.**

3 # of estimated performances/appearance

4 Maximum number of consecutive Appearances now till 08/01/10

5 # of Assistants

Abuse & Molestation Coverage is excluded unless background checks on member and member assistants are completed and on file with FORBS. Please contact the FORBS Board of Directors for information about a background check.

Applicant's Statement and Declarations

The applicant declares to the best of his/her knowledge the information contained in this application and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in the termination or voidance of any insurance contract issued from the information stated herein.

Signature _____

Date _____

Payment Information



Discover

Card Holder Name



Master Card

Card Number



Visa

Expiration Date



Check

Security Code

Card Holders

Birthday

Quantity	Description	Rate	Total
1	Member - Flat/Fully Earned	\$176.00	\$176.00
	Member – Credit Card Transaction Charge	\$4.16	
	Member Assistant(s) - Flat/Fully Earned	\$75.00	
	Member Assistant(s) – Credit Card Transaction Charge	\$1.61	
		Total	

Signature _____

Date _____