

**Society of American Magicians  
Liability Insurance Application**

Name of Magician: \_\_\_\_\_ Membership # \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Type: Independent \_\_\_ Corporation \_\_\_ Partnership \_\_\_

Losses/Incidents in the past 5 years (include date and amount): \_\_\_\_\_  
\_\_\_\_\_

Full description of performance: \_\_\_\_\_  
\_\_\_\_\_

Does performance include **Animals**? YES / NO

Does performance include **acts over 10 feet in height**? YES / NO

Does performance include **Underwater Tricks**? YES / NO

Does performance include **Motorized Vehicles**? YES / NO

Does performance include **Hypnosis**? YES / NO

Does performance include **Horses**? YES / NO

Does performance include **danger tricks that have potential for serious injury to any spectator &/or participant**? YES / NO

Does performance include **Fireworks (Class "C", or Larger)**? YES / NO

Please describe YES answers \_\_\_\_\_  
\_\_\_\_\_

Radius of operation: \_\_\_\_\_ Yearly Sales: \$ \_\_\_\_\_

If over \$100,000, list five largest performances: \_\_\_\_\_  
\_\_\_\_\_

Number of Magicians: \_\_\_\_\_ Number of Assistants: \_\_\_\_\_

**Coverage is not bound until accepted by the insurance company.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send application and premium of **\$239.00** payable to: **S.A.M. Liability Insurance**

Manon Rodriguez

PO Box 505

Parker, CO 80134

Ph (303) 362-0575

Fax (303) 362-0424