



**"We bring the WOW FACTOR to your event!"**

Rock Your Body Art LLC | Allison Halver - Artist, Owner

310 Busse Hwy #267 Park Ridge, IL 60068

T: 773.562.2336 | E: [allison@rockyourbodyart.com](mailto:allison@rockyourbodyart.com)

W: [www.rockyourbodyart.com](http://www.rockyourbodyart.com)

## Talent Agreement

I am pleased to present this document to you regarding our future engagement. Please look it over and verify that all of the information pertaining to your event is correct. If applicable, please send the deposit with a signed copy of this contract.

- **Performance Description:** Artist Allison will provide awesome Airbrush Temporary Tattoos for 'Halloween Happening' guests!
- **Event Date(s):** Friday, October 21, 2016
- **Event Time(s):** 5:00 pm to 7:30 pm (2.5 hrs - Artist will arrive on-site 30 min early to set up.)
- **Client Name:** Wheaton Park District Contact: Vicki Beyer Phone: 630.510.5118  
Email: [vbeyer@wheatonparks.org](mailto:vbeyer@wheatonparks.org)
- **Performance Location:** Wheaton Park Community Center 1777 S Blanchard St, Wheaton, IL 60189
- **Occasion:** Halloween Happening! • **Ages:** All • **Number of Guests:** 100+

 Client's Initials

Fee: \$ 312.00 (\$125 per hr for 2.5 hrs with 1 artist.) Deposit: N/A

Balance: \$ 312.00 (Please pay the balance the day of the event.)

**\* We accept all major credit cards. There is a \$ 5.00 convenience fee for transactions up to \$100.00 and a 3% convenience fee per credit transaction over \$100.00.**

**\* If paying with a check, please make check(s) payable to: Rock Your Body Art LLC.**

**\* If mailing a deposit, please send to:**

Rock Your Body Art LLC

310 Busse Hwy #267

Park Ridge, IL 60068

**Notes: Client is asked to please provide complimentary parking for the artist as well as a power outlet and 3 chairs.**

**\* The artist(s)/performer(s) must turn down all other work during the time of your event. \***

This is a binding contract agreement and can also serve as a receipt for your book keeping. Please verify that all of the information pertaining to your event is correct. Do send the signed contract with the deposit, if applicable, and return within 7 working days. We will be there rain or shine. If you need to cancel for any reason, please do so 30 days in advance of the date of your event. If you cancel in less than 30 days of the event or once you have signed the contract/talent agreement, you will owe the total amount for our services stated on the agreement. \*Remember, at this point we will likely have turned down or passed on work due to reserving the time for your event.\* Cancellations due to tragedy and natural disaster are the exceptions to this rule. There will be no fee if you reschedule two weeks prior to the event. The deposit, may be used towards a rescheduled date if the performer agrees to it in advance. The balance must be paid on the first day of the event or by the date agreed upon. There is a \$30.00 fee for all bounced checks. There is a \$50.00 late fee if the balance is not paid by the date due. If after thirty days of the event the balance is not paid, there will be a \$25.00 charge per day and any fees resulting in the collection of the balance.

Thank you for choosing Rock Your Body Art! We are looking forward to helping make your event a complete success!

X Client Signature

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Specialty Insurance Agency Performers of the U.S. P.O. Box 24 New Richmond, WI 54017	<b>CONTACT NAME:</b> Stephanie Weiss <b>PHONE (A/C, No, Ext):</b> 715-246-8908 <b>FAX (A/C, No):</b> 715-246-4257 <b>E-MAIL ADDRESS:</b> certs@specialtyinsuranceagency.com																					
<b>INSURED</b> Allison B. Roberts-Halver dba Rock Your Body Art 310 Busse Highway #267 Park Ridge, IL 60068	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Evanston Insurance Company	35378	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	X	2CN0141-7530	04/25/2016	04/24/2017	EACH OCCURRENCE \$ 3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 3,000,000
							GENERAL AGGREGATE \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 5,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS \$
							OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>BUSINESS PERSONAL PROPERTY - INLAND MARINE</b>						AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:

Allison B. Roberts-Halver dba Rock Your Body Art

Additional Insured: Wheaton Park District

Email: vbeyer@wheatonparks.org Attn: Vicki Beyer

## CERTIFICATE HOLDER

Wheaton Park District  
1777 S Blanchard  
Wheaton, IL 60189

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Stephanie Weiss*

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