

Vendor Insurance Program



- A Liability Insurance Program providing protection from lawsuits of bodily injury and/or property damage

Francis L. Dean & Associates of Illinois, LLC



The Leader in Sports, Leisure and Entertainment Insurance

Vendor Insurance Program

A Liability Insurance Program Providing Protection from Lawsuits of Bodily Injury and/or Property Damage

The Francis L. Dean & Associates vendor liability program has been structured to meet the needs of vendors big and small. We have specifically tailored programs in place that offer the coverage you need to keep your business protected. Our programs are available for one-day special events, annual policies, and anything in between. While many vendors are accustomed to acquiring insurance on a solo basis, Francis L. Dean & Associates also offers the convenience of group policies. For events with multiple vendors, our group policies help save time and money while still offering the same world-class protection and customer service we are known for.



Who Is Covered

This program provides protection for the Policyholder against claims of bodily injury liability, property damage liability, personal and advertising injury liability, and the litigation costs to defend against such claims.

Coverage is provided up to \$1,000,000.00 per occurrence and includes a \$5,000 medical expense benefit. There is no deductible amount. Coverage is offered through the Sports and Recreation Providers Association Purchasing Group.

Coverage includes suits arising out of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Products liability coverage (completed operations)
- Incidental medical malpractice
- All activities necessary to conduct activities
- Ownership, use or maintenance of fields or vendor locations
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

Exclusions

Aircraft, all acts of terrorism, asbestos liability, claims made by athletic

participants, employment related practices, fungi and bacteria, hepatitis, HIV, HTVL, AIDS, transmissible spongiform encephalopathy, lead poisoning, nuclear energy liability, pyrotechnics activity, total pollution, violation of the CAN-SPAM act, war liability and liability for occurrences prior to the effective date of coverage. All of the above are subject to the terms and conditions of the policy.

The Optional Coverages

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit.

Hired and Non-Owned Automobile Liability Coverage

This liability coverage provides protection for rented, borrowed and other non-owned vehicles driven on vendor business.

Excess Liability Coverage

This coverage provides additional liability limits increasing the liability coverage per each occurrence.

Increased Aggregates

This option increases the aggregate limit of liability insurance from \$1,000,000 to larger amounts.

This brochure has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet individual state requirements. For specific details, please view a sample policy. The liability coverage is provided by United States Fire Insurance Company, "A" rated by A.M. Best Company, a member of the Crum & Forster group of companies. Additional applications may be required to be completed.

Not available in all states.

Vendor Insurance Program

Part I Proposed Policyholder *Please print or type*

- a. **Full Legal Name of Proposed Policyholder** _____
(As it will appear on the policy)
- b. **Mailing Address** _____
- c. **Contact Person** _____
- Phone Number** _____ **Email Address** _____

Is this contact the person who would assist in the event of a claim? Yes No (If no, please complete below)

Insurance Contact Name _____

Insurance Contact Phone Number _____ **Insurance Contact Email Address** _____

This contact information will be used by insurance company personnel should there be a claim. It is the responsibility of the policyholder/insurance contact to retain all documentation, video or other evidence and respond immediately to any and all requests or inquiries from insurance company personnel.

- d. **Requested Effective Date** _____ **Requested Termination Date** _____

Policy will become effective on the requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.

- e. **Description of Exhibit/Goods** _____

Excluded Vendor Types:

Body piercing or tattooing, Catering Companies, Christmas tree retail lots, Corn or Hay maze, Disc-Jockeys for events over 200 attendees, E-commerce selling, Entertainment and Film Industry Vendors, Fireworks sales & displays, Food Truck Vendors, Haunted attractions, Hot wax impressions, Live animals, Live Bands, Marijuana and other cannabis products and/or paraphernalia, Massage, Mechanical or inflatable amusement devices, Medical testing, Motor sports activities, Nutritional/health supplements, On-site installation/service/repair of products, On-site equipment rental, Oxygen/aromatherapy, Storefront operations, Time share sales, Tobacco products, Vehicles in motion, Watercraft exhibits on water, Weapon sales, Weight-loss plans or products, Wholesale business, Carnival Rides, Permanent & Mobile Rock Wall Structures, Security Forces, Trampolines, and Zip Lines, Knockerball/Bubble Soccer, Bungee Devices, Mechanical Bucking Devices: including Multi Ride Attachments.

PLEASE NOTE: Catering Companies, Christmas tree retail lots, Corn or Hay mazes, Disc-Jockeys for events with over 200 attendees, Haunted attractions, Live Bands, Food Truck Vendors, and Entertainment & Film Industry Vendors are not eligible under this program, however you can apply to receive a quotation.

- f. **Will your exhibit or goods involve any use of fire other than food preparation, Fireworks or Firearm Ammunition?** Yes No

- g. **Has any prior coverage been cancelled or non-renewed?** Yes No

- h. **Has this customer had any insurance claims in the last five(5) years?** Yes No

If yes, please describe and provide loss history: _____

- i. **Will your exhibit include mechanical or inflatable amusement devices?** Yes No

Vendor Insurance Program

Part II Premium Rates And Benefits (minimum premiums are fully earned)

Premium Rates and Benefits SINGLE VENDOR

Please check plan number that applies.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 1. Program Rate Vendor 5 days or less: \$ 50.00 (Subject to \$50.00 MP)
- 2. Program Rate Vendor 6–14 days: \$100.00 (Subject to \$100.00 MP)
- 3. Program Rate Vendor 15–30 days: \$150.00 (Subject to \$150.00 MP)
- 4. Program Rate 1–6 months: \$275.00 (Subject to \$275.00 MP)
- 5. Program Rate 6 months – Annual: \$350.00 (Subject to \$350.00 MP)

MP = Minimum Premium

Premium Rates and Benefits GROUP VENDOR POLICIES

Please check plan number that applies.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

- 6. Groups of 2 or More Vendors 5 days or less: \$ 35.00 (Subject to \$75.00 MP)
- 7. Groups of 2 or More Vendors 6–14 days: \$70.00 (Subject to \$150.00 MP)
- 8. Groups of 2 or More Vendors 15–30 days: \$105.00 (Subject to \$210.00 MP)
- 9. Groups of 2 or More Vendors 1–6 months: \$205.00 (Subject to \$410.00 MP)
- 10. 2 or More Vendors 6 months – Annual: \$260.00 (Subject to \$520.00 MP)

For Group Vendor policies, include separate list of vendor names, mailing addresses and description of exhibit/goods. This is intended for vendors at the same event.

Part II Plan Premium _____ X _____ = \$ _____
Number of Vendors

Part III Optional Coverages (premiums are fully earned)

Increased General Aggregate to \$2,000,000.00 _____ x 5% = \$ _____
Plan Premium

Increased General Aggregate to \$3,000,000.00 _____ x 10.25% = \$ _____
Plan Premium

Increased General Aggregate to \$4,000,000.00 _____ x 15.76% = \$ _____
Plan Premium

Increased General Aggregate to \$5,000,000.00 _____ x 21.55% = \$ _____
Plan Premium

Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ _____

Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ _____
 • Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Higher per occurrence limits of up to \$5,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Total Premium = \$ _____

Vendor Insurance Program

Part IV Additional Insureds

Up to 3 additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, E-mail Address	Full Mailing address (including city, state and zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, O - Other (write down details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Total Premium = \$ _____

Total Policy Premium = \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

Enclosed is my payment for the total premium. Check Credit Card (see below)

Account Billing Address _____
Street
City
State
Zip

Phone Number _____ E-mail Address _____

Please charge my: Visa MasterCard Discover American Express

Cardholder Name _____

Card # _____

Exp. Date (mm/yyyy) _____

Security Code _____

A Convenience Fee of 3% will be added to Credit Card Transactions.

Part VI Acknowledgements and Signatures

- This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.
- Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent Email Address

Agency Mailing Address



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United States Fire Insurance Company,
 "A" rated by A.M. Best Company.
 A member of the Crum & Forster group of companies.