

Vendor Insurance Program



- General Liability Insurance
- Professional Liability Insurance
- Abuse or Molestation Insurance

Francis L. Dean & Associates, LLC



The Leader in Sports, Leisure and Entertainment Insurance

General Liability Coverage

\$1,000,000 Coverage

Protects you in the event of bodily injury or property damage

Limits

Our General Liability and Professional Liability coverages are separate limits. A claim under one coverage part will not reduce the other coverage part available.

General Liability Coverage starting at \$1,000,000/\$1,000,000 limits

Professional Liability Coverage at \$1,000,000/\$1,000,000 limits

Who Is Covered

This \$1,000,000 occurrence form General Liability 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. There is no deductible amount for this coverage. Coverage is offered through the Sports and Recreation Providers Purchasing Group, pursuant to the Federal Risk Retention Act of 1986.

Coverage includes suits arising out of:

- Injury or death of spectators
- Injury or death of volunteers
- Property damage liability
- Products liability coverage (completed operations)
- Host liquor liability (non-profit)
- Activities necessary or incidental to conduct business as a vendor
- Ownership, use, or maintenance of fields or vendor locations
- General negligence claims
- Cost of investigation and defense of claims
- Professional liability (involves specialized education, knowledge, labor, judgment and skill that is predominately mental or intellectual).

Standard additional Insureds such as landlords or venues may be added at no additional charge.

Exclusions

Exclusions include but are not limited to the following:

Access or Disclosure of Confidential or Personal Information and data-Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sub-limit, Exclusion – Organic Pathogens.

The Optional Coverages

Hired and Non-Owned Automobile Liability Coverage

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

Increased General Liability Aggregates

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

Abuse Or Molestation

Abuse or Molestation coverage is provided for claims arising out of physical abuse, such as sexual or other bodily harm and non-physical abuse, such as verbal, emotional or mental abuse.

\$10,000 Medical Payment

Medical Payments coverage is a Commercial General Liability coverage which is designed to pay reasonable medical expenses, regardless of fault, for bodily injury caused by an accident.

Equipment Coverage

This Inland Marine insurance product provides coverage for your equipment and contents up to the specified limit. This option requires a separate application and further underwriting.

Excess Liability Coverage

This coverage provides additional liability limits increasing the per occurrence and aggregate limits. This option requires further underwriting.

Note: 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 request a sample policy.

Proposed Policyholder Information *Please print or type*

Full Legal Name of Proposed Policyholder

Type of Operation

Corporation

Individual/Sole Proprietor

Partnership/Joint Venture

Limited Liability Company (LLC)

Other:

Full Mailing Address

City

State

Zip

Contact Name

Phone Number

Email Address

Event Information

Event Name:

Event Location(s):

Requested Effective Date:

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

Vendor Type:

My Vendor Type not listed:

Description of Your Exhibit/Goods:

Excluded Activities:

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales.

Any use, handling, or storage of any firearms, ammunition, or explosives.

Any operations involving bungee devices, carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer.

Ineligible Vendor Types:

Body piercing or tattooing, Catering Companies, Christmas tree retail lots, Corn or Hay maze, Disc-Jockeys for events with over 200 attendees, DJ Companies with more than 1 Employee, E-commerce selling, Entertainment and Film Industry Vendors, Fire Dancing, Fire Eating, Food Trucks, Haunted attractions, Hot wax impressions, Live Edge Weapon Performers, Live animals, Live Bands with more than 1 individual, Marijuana and other cannabis products and/or paraphernalia, Massage, medical testing, Motor sports activities, Nutritional/health supplements, On-site installation/service/repair of products, On-site equipment rental, Oxygen/aromatherapy, Storefront operations, Timeshare sales, Tobacco products, Vehicles in motion, Watercraft exhibits on water, Weapon Throwing, Weapon sales, Weight-loss plans or products, Wholesale business.

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, Entertainment & Film Industry Vendors are not eligible under this program, however, you can apply to receive a quotation.

General Liability Questionnaire

Will your exhibit or goods involve any use of Fire other than cooking, Fireworks or Firearm Ammunition? YES NO

Has your past liability coverage been canceled in any way in the last three years? YES NO

Is your current insurer non-renewing coverage? YES NO

Have any liability claims been paid by your insurer during the last three years? YES NO

If yes, describe claims:

Will your exhibit include mechanical or inflatable amusement devices? YES NO

Are all of the event operations to be insured located within the United States? YES NO

Have you or your company ever been involved in any legal dispute relating to the operations or products of your company or business? YES NO

Do you operate any of the following: YES NO

Body piercing or tattooing, Catering Companies, Christmas tree retail lots, Corn or Hay maze, Disc-Jockeys for events with over 200 attendees, DJ Companies with more than 1 Employee, E-commerce selling, Entertainment and Film Industry Vendors, Fire Dancing, Fire Eating, Food Trucks, Haunted attractions, Hot wax impressions, Live Edge Weapon Performers, Live animals, Live Bands with more than 1 individual, Marijuana and other cannabis products and/or paraphernalia, Massage, medical testing, Motor sports activities, Nutritional/health supplements, On-site installation/service/repair of products, On-site equipment rental, Oxygen/aromatherapy, Storefront operations, Timeshare sales, Tobacco products, Vehicles in motion, Watercraft exhibits on water, Weapon Throwing, Weapon sales, Weight-loss plans or products, Wholesale business.

Automated Premium Rate Calculator *Premium is Fully Earned Upon Policy Inception.*

Please select your desired length of coverage:

General Liability Aggregate Limit

\$ 1,000,000

\$ 2,000,000

\$ 3,000,000

\$ 4,000,000

\$ 5,000,000

Premium Rate:**Optional Coverages** *Premiums are fully earned.***Hired and non-owned automobile liability coverage** *12 or 15 plus passenger vans are ineligible for this program.*

\$250,000 for an additional \$250.00

\$500,000 for an additional \$500.00

No, thank you.

=

Medical Payment

\$10,000 for an additional 5% of Your Premium Rate

No, thank you.

x 0.05 =

Abuse or Molestation Liability Coverage

\$100,000 / \$300,000 for an additional \$1,000.00

No, thank you.

The following optional coverages are also available but subject to additional underwriting:

\$1,000,000 Abuse or Molestation Liability Coverage, \$1,000,000 Hired and Non-Owned Automobile Liability Coverage, Equipment Coverage up to \$750,000, Excess Liability Coverage of up to \$4,000,000.

*Please contact your agent. [Download Abuse Questionnaire](#)***General Liability Premium Subtotal =****Additional Insureds***Standard Additional insureds are included at no additional cost. Please include a separate sheet if needed.***Name, Address and Relationship of all additional insureds to be added to the policy:**

Full Legal Name, Email Address	Full Mailing Address (including city, state, zip)	Relationship (see legend)	Endorsements
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER
			PRIMARY
			WAIVER

*L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, G - Governmental Agency, O - Other (include details)***Your Premium Rate Subtotal =**

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

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

Total Liability Premium =

Excluded Activities

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Payment

Enclosed is the payment for the total premium

FLD Broker Fee =

Total Amount Due

Including FLD Broker Fee

Payment method: ACH Credit Card

Acknowledgments and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **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.
- c. **Applicant's Acknowledgment** 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
 - (d) this application will form part of any policy issued,
 - (e) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,
 - (f) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and
 - (g) only those persons eligible under the terms of an issued policy will be insured.

Agency Name

Agency License Number

Agent Phone Number

Agent Email Address

Agency Mailing Address

.....
Signed for the Proposed Policyholder

.....
Signed by Licensed Agent

.....
Date

.....
Licensed Agent Name

Francis L. Dean & Associates, LLC



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