

Specialty Insurance Agency
& Vendors Of The U.S.

P. O. Box 24
New Richmond, WI 54017
Fax: 715-246-4257
Phone 715-246-8908

Email: steph@specialtyinsuranceagency.com
Website: www.specialtyinsuranceagency.com



Dear Vendor,

Thank you for your interest in our commercial general liability policy. The following information pertains to the policy & our services.

The Vendors of the U.S. insurance program is designed for the merchant selling their wares or services at fairs, festivals, trade shows, special events, conventions, etc.

The policy provides protection against bodily injury to a customer while in or around your booth and/or property damage to others. You can never predict when an accident may occur.

The coverage is for an annual term from September 01, 2010 to September 01, 2011

Your "employees" or "volunteer workers" **ARE COVERED** while performing duties related to the conduct of your business.

Operations Not Eligible

- Live Animals
- Anyone selling liquor
- Body piercing or permanent tattooing
- Corn or hay mazes
- Haunted attractions

Note:

Coverage is not available if you are selling: firearms, fireworks, swords, knives, infant products, medical products, nutritional products & supplements.

The 2010 – 2011 shared policy limits of coverage for all members are as follows:

Each Occurrence	\$2,000,000	(bodily injury & property damage to others)
Damage to Rented Premises	\$300,000	(to rented premises)
Personal & Advertising Injury	\$2,000,000	(hurting someone's feelings)
General Aggregate	\$4,000,000	(the most the policy will pay out during the policy year)
Products – Completed Op. Agg.	\$4,000,000	(the most the policy will pay out during the policy year)
Medical Expenses	\$5,000	(emergency medical)

Carrier

Coverage underwritten by Lexington Insurance Company; a carrier rated A (excellent)

Premium

Annual Premium Cost: **\$350.00**

Additional Insured Requests:

There is **no charge** for additional insured certificates. We do require that you submit your requests **in writing**. If you request through our website using the online certificate request we will email you back a copy for your records and will fax or email wherever else you want your certificate to go. If you request by faxing we will fax your certificate back to the fax number(s) you provide. If you request through the mail we will mail your certificate back to you and will fax to any numbers provided.

We need you to print clearly. Incomplete requests will not be processed.

RETURN THIS PORTION WITH YOUR CHECK
Make your checks or money orders payable to: Vendors of the U.S.

Policy period: September 01, 2010 to September 01, 2011 - Policy cost: \$350.00

Reduce Premium Option: March 01, 2011 to September 01, 2011 - Policy cost: \$280.00

Note: This reduced premium option will be processed the last week of February.

Reduce Premium Option: June 01, 2011 to September 01, 2011 - Policy cost: \$200.00

Note: This reduced premium option will be processed the last week of May.

Additional Option: Single Event (Limited to 7 Consecutive Days) - Cost: \$125.00

List Event Dates: _____

Business Name

(one business name per policy): _____

Business Owners Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Fax: _____

Email address: _____

List of What You Sell **(REQUIRED)**:

Coverage is not available if you are selling: firearms, fireworks, swords, knives, infant products, medical products, nutritional products & supplements.

This is an application for membership. This application provides a brief outline of coverage. Coverage is subject to all terms, conditions and exclusions stated in the insurance policy

Business Owners Signature: _____ Date: _____

Additional Insured certificate requests can be faxed to 715-246-4257 or your can request through the website. To request through the website:

- Go to www.specialtyinsuranceagency.com & click on insurance tab.
- Select the policy you hold by clicking on the vendor insurance box.
- Click on Online Forms - Certificate Request Form (second line in third column).
- Fill in the blanks and hit the email button.

Additional Insured Name: (Venue that is asking for certificate) _____

Attn: _____

Mailing Address **(required)**: _____

City: _____

State: _____

Zip Code: _____

Fax: _____

Email: _____

Event date: _____

Additional Insured: (this is normally the fair/venue name) _____

Our office hours: Monday – Thursday 9AM – 5PM (Central Time Zone)

Closed on all holidays & weekends.

**If you are sending through UPS or FedEx, our street address is: 1961 104th Street
(the rest of the address is the same)**

Thank you for considering Specialty Insurance Agency & Vendors of the U.S. for your insurance needs! Have a great year and keep smiling! Stephanie Weiss