



## Vendors of the U.S. Insurance Application

Specialty Insurance Agency, LLC

PO Box 24, New Richmond, WI 54017

Phone: 715-246-8908 • Fax: 715-246-4257

### Program Description

This insurance program has been designed for the individual US-based 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/guest or property damage to the premises you occupy. You must be a US resident with a US mailing address to be eligible for consideration of coverage under this policy and the premium must be in US dollars.

### Operations Not Eligible

Selling of live animals, liquor, body piercing or permanent tattooing, corn or hay mazes, haunted attractions, mechanical and balancing games, selling of fireworks, or using a minor for demonstrations of hot items such as a curling iron or straightening tool.

### Products Excluded From Products Liability

The following is excluded from product liability: Selling of firearms, fireworks, swords, knives, infant products, medical products, nutritional products, and supplements.

### Carrier

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

- The limits of coverage are per membership and **not shared**.
- Your coverage starts on the date you purchase or your renewal date and goes for **one year**.
- You are listed as the Insured instead of our association name Vendors of the US.

### Policy Administrator

Specialty Insurance Agency, LLC is your policy administrator. All requests for service are submitted to Specialty Insurance Agency, LLC.

### Coverage Provided Under This Program Includes

**Commercial General Liability with Additional Insured Endorsement, Waiver of Subrogation, Primary Non-Contributory Endorsement** – coverage that protects the insured against liability claims for bodily injury and property damage arising out of their operations.

**Medical Payment for Injured Spectators** – coverage that pays the medical and dental expenses incurred by a spectator when an accidental injury occurs in the space you occupy.

### Commercial General Liability Limits of Coverage per Membership

Each Occurrence	\$2,000,000	(bodily injury & property damage to others)
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Damage to Rented Premises	\$300,000	(to rented premises)
Personal & Advertising Injury	\$2,000,000	(hurting someone's feelings)
General Aggregate	\$5,000,000	(the most the policy will pay out)
Products-Completed Op Agg.	\$5,000,000	(the most the policy will pay out)
Medical Expenses	\$5,000	(emergency medical)
<b>Premium Cost</b>	<b>\$380.00</b>	

**Optional Coverage: Business Personal Property - Inland Marine**

Inland Marine will cover your business personal property and goods while in storage, at the show, or while in transit. This coverage protects your equipment and goods for damage or if stolen. This option is available per policy period. You can add at any time but the coverage will end on your general liability policy expiration date.

**Exclusion:** Food spoilage is not covered.

Coverage Limits:	Coverage Limits:
\$10,000.00	\$25,000.00
<b>Premium Cost: \$206.00</b>	<b>Premium Cost: \$386.00</b>

**VENDOR APPLICATION**

**Make your checks or money orders payable to: Vendors of the U.S.**

**Annual Coverage Premium Cost: \$380.00 or Single Event Premium Cost: \$159.00**

Note: If you would like to pay with a card, please complete the online application form and submit your payment through the website.

<input type="checkbox"/> I am a new account <input type="checkbox"/> Requested Start Date: _____ <input type="checkbox"/> I am renewing my coverage		
Or Single Event Coverage: <input type="checkbox"/> Event Dates <b>Required:</b> _____ Limited to 10 days.		
Business Name (one business name per policy):		
Business Owner's Name:	DOB:	
U.S. Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Fax:

Email address:	Website address:			
<b>Provide a list of what you sell or the service you provide. Attach additional pages if needed.</b>				
<b>Annual Gross Revenue from Sales:</b>				
<input type="checkbox"/> \$0-\$100,000	<input type="checkbox"/> \$100,001-\$300,000	<input type="checkbox"/> \$300,001-\$400,000	<input type="checkbox"/> \$400,001-\$500,000	<input type="checkbox"/> Other
<b>Provide Annual Gross Revenue from Internet Sales:</b>				
<i>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</i>				
<b>Business Owners Signature:</b> _____ <b>Date:</b> _____				
<b>Optional Coverage: Business Personal Property - Inland Marine</b>				
<b>If purchasing this coverage, list your business personal property below. Attach additional pages if needed.</b>				
<b>Total Cost Summary for General Liability and Inland Marine Coverage</b>				
Premium is <b>non-refundable</b> once coverage begins. Coverage is contingent upon receipt of a signed, completed enrollment form and premium payment. No coverage will be deemed in effect until premium is received by Specialty Insurance Agency, LLC and we verify that we cover what you do.				
<b>Commercial General Liability Coverage</b>				<b>Total Due</b>
Annual: \$380	Single Event: \$159			\$
<b>Business Personal Property - Inland Marine</b>				

<input type="checkbox"/> Option 1 \$10,000 for \$206	<input type="checkbox"/> Option 2 \$25,000 for \$386	\$
<b>Total Cost Due Now</b>		\$

<b>Mailing Address:</b> Specialty Insurance Agency, LLC Vendors of the U.S. P.O. Box 24 New Richmond, WI 54017		<b>Physical Address (for overnight mail):</b> Specialty Insurance Agency, LLC Vendors of the U.S. 2076 170 <sup>th</sup> Street New Richmond, WI 54017
Phone: 715-246-8908 Fax: 715-246-4257		Email: <a href="mailto:info@specialtyinsuranceagency.com">info@specialtyinsuranceagency.com</a>

**Requesting Additional Insured Certificates**

Some venues require in their written contract that they be named as an additional insured prior to you starting your job. There is no charge for naming a venue where you are working as an additional insured, but you do need to submit a written request for a certificate via online through website, fax or mail. We do not take phone or personal email requests. Use the space below to request a certificate you need right away.

Venue Name or Event Name:		
Attn:		
Address ( <b>required</b> ):		
City:	State:	Zip Code:
Fax to:	Email to:	
Event date ( <b>required</b> ):		
<b>Additional Insured:</b> Please read your contract for special required language.		

California Fair Service Authority (CFSA) maintains a master list of vendors that are approved to work all 70 California fairs without a certificate. If you work the California state and county fairs check the box below to be added to this master list.

California Fair Service Authority (CFSA)