

# Vendor Insurance Program



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

Francis L. Dean & Associates of Florida, LLC



# 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. 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.

## **Program Highlights**

Admitted Basis  
Occurrence-Form Policy  
"A+" Rated Insurance Company  
Optional Additional Coverages  
Worldwide coverage for suits brought in the US, US Territories, Canada or Puerto Rico

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 Riverport Insurance Company a member of the W.R. Berkley Corporation, a publicly traded company "A+" rated by A.M. Best Company with over \$2 billion in policyholder surplus. Additional applications may be required to be completed.

*Not available in all states.*

# Vendor Insurance Program



## Premium Rates and Benefits — SINGLE VENDOR

Please check all plan numbers that apply.

- \$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)

## Premium Rates and Benefits — GROUP VENDOR POLICIES

Please check all plan numbers that apply.

- \$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate
- 6. Groups of 2 or More Vendors 5 days or less: \$ 35.00 per vendor (Subject to \$70.00 MP)
  - 7. Groups of 2 or More Vendors 6–14 days: \$ 75.00 per vendor (Subject to \$150.00 MP)
  - 8. Groups of 2 or More Vendors 15–30 days: \$105.00 per vendor (Subject to \$210.00 MP)
  - 9. Groups of 2 or More Vendors 1–6 months: \$205.00 per vendor (Subject to \$410.00 MP)
  - 10. 2 or More Vendors 6 months – Annual: \$260.00 per vendor (Subject to \$520.00 MP)

MP = Minimum Premium is Fully Earned at Inception

Plan Premium \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of Vendors  
(Plans 6–10 Only)

Optional Coverages (check each coverage selected and total at bottom):

- 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 per vendor. = \$ \_\_\_\_\_
- Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00 per vendor. = \$ \_\_\_\_\_  
  - *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. = \$ \_\_\_\_\_

**Total Premium = \$ \_\_\_\_\_**

Name of Applicant \_\_\_\_\_

Note: Group Vendor policies require the name, address and description of each vendor.

Contact Information

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Phone \_\_\_\_\_

Dates of Event \_\_\_\_\_

Time(s) \_\_\_\_\_

Location of Event \_\_\_\_\_

Description of Exhibit/Goods \_\_\_\_\_

# Vendor Insurance Program

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

If yes, please describe and provide loss history: \_\_\_\_\_  
\_\_\_\_\_

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

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until accepted by The Company.

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

- Enclosed is my check for the total premium.
- Enclosed is 20% of my total premium. I would like to finance my premium.  
Please mail a finance agreement explaining the monthly payment system.  
*This payment option is only available for annual policy terms.*
- Please charge my:  Visa  MasterCard  Discover  American Express  
*A \$10.00 convenience fee is added to all credit card payments.  
For financed premium, the \$10.00 convenience fee applies only once and in addition to the 20% down payment.*

Name on Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_  
\_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date (mm/yyyy) \_\_\_\_\_

Security Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Agent Name & License Number \_\_\_\_\_ Agent Telephone Number \_\_\_\_\_

Agent Address \_\_\_\_\_

Agency Email \_\_\_\_\_



Francis L. Dean & Associates of Florida, LLC



*The Leader in Sports, Leisure and Entertainment Insurance*

**Francis L. Dean & Associates of Florida, LLC**

6027 SW 54th Street, Suite 200 • Ocala, FL 34474  
(877) 671-3326 • FAX (352) 854-6380 • [www.fdean.com](http://www.fdean.com)