

SADLER

SPORTS & RECREATION INSURANCE

P. O. Box 5866, Columbia, SC 29250-5866

Phone: (800) 622-7370 Fax: (803) 256-4017

DBA/KA Sadler Insurance Agency in CA License
#0B57651

CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Program and Enrollment Form

*This brochure is valid for effective dates from
02-01-2012 to 01-31-2013*



PROGRAM DESCRIPTION

This insurance program has been designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshow, consumer shows or a location that is away from any owned or long term leased premises. The insured operations can be conducted from a kiosk, booth, cart, trailer, tent or an outdoor area. This insurance does not cover loss or damage to your property, stock or inventory.

ELIGIBLE OPERATIONS

Antiques & Collectibles	Floral	Kitchen or Cookware Accessories or Appliances
	Food, Drink or Produce Sales	
Apparel & Accessories	Game Trailers	Lawn & Garden Equipment
Arts & Crafts	Gift Wrap Booths	Literature Distribution
Auto / Vehicle Accessories (non-mechanical)	Hardware Sales	Micro Reality Race Tracks
Candles	Health & Beauty Products – Commercially Manufactured	Motorized Equipment – Static Display
Celebrity Appearances		Home-based Wedding Vendors (Caterers, DJs, Florists, Ice Sculptors, Decorators, Photographers, Videographers)
Cleaning Accessories & Products – Commercially Manufactured		Product or Service Displays
Exercise Equipment		Souvenir Sales
		Sports or Camping Equipment
		Toys (For Ages 5 & Over)
		Vehicle / Boat Display – Static Display

INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to, the following:

Alcoholic Beverage Sales	Health & Beauty Products – homemade	Photographers (unless for a single home-based wedding photographer)
Animals	Hot Wax Impressions	
Auto Parts (mechanical)	Mazes (corn, hay, fence)	Protective Equipment or Apparel
Body Piercing or Permanent Tattooing	Medical Testing	Storefront Operations
Christmas Tree Retail Lots	Motorsports Activities	Tobacco Products
Cleaning Accessories/Products - homemade	Nutritional or Health Supplements (Selling)	Toys (for ages 4 & under)
E-commerce Selling		On-site Installation, Service or Repair of Products
Fire Safety Equipment		Watercraft Exhibits on Water
Fireworks Sales & Displays	On-site Equipment Sales & Rentals	Weapon Sales
Haunted Attractions	Oxygen or Aromatherapy Bars	Weight-loss Plans or Products (Selling)
		Wholesale Business Operations

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual coverage document for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage term to the next.

You may request a copy of the full policy by submitting a written request to Sadler & Company, Inc.

NOTABLE EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

Abuse, Molestation, Harassment or Sexual Conduct	Asbestos
All operations listed as ineligible	Employment-related Practices
Amusement devices (eg: rides, slides, inflatables, bungees, climbing walls, dunk tanks – does not apply to structures that are not designed to bounce on, slide on, ride or tunnel through)	Fireworks
	Fungi or Bacteria
Animals - injury or death to any animal or injury, death, or property damage caused by your animal	Lead
	Nuclear Energy Liability

COVERAGES AND LIMITS

COMMERCIAL GENERAL LIABILITY: Coverage which protects the insured against liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations and personal and advertising injury. There is no deductible that applies to liability claims.	OPTION 1	OPTION 2
Each Occurrence	\$1,000,000	\$2,000,000
General Aggregate (Other than Products-Completed Operations)	\$3,000,000	\$4,000,000
Products-Completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Medical Expense (other than participants)	\$ 5,000	\$ 5,000
Damage to Premise Rented to You (Fire Legal Liability)	\$ 300,000	\$ 300,000

PREMIUMS – Based on single unit or 100 sq. ft. space

See Enrollment Form for additional options available for multiple units or space exceeding 100 sq. ft.

Single Event Coverage (one month or less)	\$ 153	\$ 230
3 Consecutive Months Coverage	\$ 383	\$ 575
6 Consecutive Months Coverage	\$ 610	\$ 915
Annual Coverage	\$1,046	\$1,569

PREMIUM INFORMATION

1. Coverage is available per single event, three consecutive months, six consecutive months or on an annual basis. A single event is defined as being held at one location only, for no more than one month.
2. Premium is based upon the square footage of the booth space or the number of trailers, tracks or selling locations that are utilized at the same time.
3. **100%** of the premium is fully earned at the inception date and is **not refundable** in the event of cancellation.
4. Event cancellation, event date changes or exposure changes must be reported to Sadler & Company, Inc. in writing before the originally requested event start date to be eligible for a premium refund.
5. All Florida applicants must add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.
6. **NOTE TO ALL AGENTS & BROKERS:** There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the organization and will not be sent to an agent. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.

CARRIER - Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

HOW TO APPLY FOR COVERAGE

- ➔ Complete this paper application. Coverage can be effective the date after your fully completed enrollment form and payment are received and approved at Sadler & Company by mail, overnight delivery, or fax.
 - ➔ If you fax your application, be sure to follow the special instructions that are on the last page.
 - ➔ You should receive your proof of coverage documents via Email, Fax or US Mail within 6 business days.
- NOTE: We will not be able to rush fax your proof of coverage documents. Please allow 6 business days for processing and issuing of coverage.



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CONCESSIONAIRES, EXHIBITORS & VENDORS

Insurance Enrollment Form

Valid for effective dates from 02-01-2012 to 01-31-2013

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. An RPG membership fee may be charged. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Sadler & Company Inc reserves the right to decline any request for coverage.

I AM A NEW ACCOUNT

I AM RENEWING MY COVERAGE

Named Insured (as it should appear on the policy):

(Use your name if you operate as a sole proprietor)

(Use your legal name if you operate as a Corporation or LLC)

Doing Business As (DBA):

(additional name(s) under which the named insured operates)

Mailing Address:

City: _____ **State:** _____ **Zip:** _____

Contact Name:

Phone: () _____ **Cell:** () _____ **Fax:** () _____

Email Address: _____ **Website:** _____

Effective Date: Coverage will begin the day after the completed enrollment form and premium are received and approved by us, or on a later date you specify below. (If renewing coverage, please provide the expiration date of your current policy.)

Start my coverage on this date: ____/____/____

BUSINESS INFORMATION

Please provide a description of the type of product being sold or service being provided: _____

Are all of your operations to be insured within the United States? Yes No

Please select the coverage period desired: Single Event 3 Months 6 Months Annual

If seeking annual coverage, do you own, operate or manage a storefront/brick and mortar business? Yes No

(Storefront/brick and mortar operations are not eligible for annual coverage. Coverage is only available for a single event (lasting one month or less), 3 months or 6 months policy periods for those exposures that occur away from any of your owned or long term leased premises.)

Select one of the following that best describes your business operations:

CHECK ONE	DESCRIPTION	TOTAL # OR SQ. FT
	Food, Concessionaire or Vendor	# of food-selling locations or trailers: (unit)
	Micro Reality Race Tracks	# of micro reality race tracks: (unit)
	Trailer-Non-food, Games or Merchandise	# of trailers: (unit)
	Push Carts or Kiosks	# of push carts/kiosks: (unit)
	Home-based Wedding Vendor (This type of operation is available only for a single event coverage period)	Describe service being provided: _____ _____ _____
	Tent or Outdoor Vending Area	Provide square footage: _____
	Tradeshow Exhibit or Booth	Provide square footage: _____

If Applying for Single Event Coverage (One Month or Less), Please Provide the Following Information:

Name of Event: _____

Date(s) of Event (including set-up & tear-down days): ____/____/____ to ____/____/____

Hours of Event: ____:____ AM or PM TO ____:____ AM or PM

Location of Event (Venue Name): _____

Street Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATE REQUESTS – Attach additional sheets if necessary

Type of certificate you are requesting: Additional Insured Evidence of Coverage
 Relationship to you/named insured: Owner/Lessor of Premises Sponsor Co-Promoter Franchisor

ENTITY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

PREMIUM -- Please check the coverage period and premium that is applicable

OPTION 1 - \$1,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 SqFt	2 Units or 101 - 200 SqFt	3 Units or 201 - 300 SqFt	4 Units or 301 - 400 SqFt	5 Units or 401 - 500 SqFt	6 Units or 501 - 600 Sq Ft
Single Event <small>(one month or less)</small>	<input type="checkbox"/> \$ 153	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 269	<input type="checkbox"/> \$ 308	<input type="checkbox"/> \$ 347	<input type="checkbox"/> \$ 386
3 Months	<input type="checkbox"/> \$ 383	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 671	<input type="checkbox"/> \$ 767	<input type="checkbox"/> \$ 863	<input type="checkbox"/> \$ 959
6 Months	<input type="checkbox"/> \$ 610	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$1,068	<input type="checkbox"/> \$1,221	<input type="checkbox"/> \$1,374	<input type="checkbox"/> \$1,527
Annual	<input type="checkbox"/> \$1,046	<input type="checkbox"/> \$1,569	<input type="checkbox"/> \$1,831	<input type="checkbox"/> \$2,093	<input type="checkbox"/> \$2,355	<input type="checkbox"/> \$2,617

OPTION 2 - \$2,000,000 COMMERCIAL GENERAL LIABILITY LIMIT

	1 Unit or up to 100 Sq Ft	2 Units or 101 - 200 SqFt	3 Units or 201 - 300 SqFt	4 Units or 301 - 400 SqFt	5 Units or 401 - 500 SqFt	6 Units or 501 - 600 Sq Ft
Single Event <small>(one month or less)</small>	<input type="checkbox"/> \$ 230	<input type="checkbox"/> \$ 345	<input type="checkbox"/> \$ 404	<input type="checkbox"/> \$ 463	<input type="checkbox"/> \$ 522	<input type="checkbox"/> \$ 581
3 Months	<input type="checkbox"/> \$ 575	<input type="checkbox"/> \$ 863	<input type="checkbox"/> \$1,007	<input type="checkbox"/> \$1,151	<input type="checkbox"/> \$1,295	<input type="checkbox"/> \$1,439
6 Months	<input type="checkbox"/> \$ 915	<input type="checkbox"/> \$1,373	<input type="checkbox"/> \$1,603	<input type="checkbox"/> \$1,833	<input type="checkbox"/> \$2,063	<input type="checkbox"/> \$2,293
Annual	<input type="checkbox"/> \$1,569	<input type="checkbox"/> \$2,354	<input type="checkbox"/> \$2,747	<input type="checkbox"/> \$3,140	<input type="checkbox"/> \$3,533	<input type="checkbox"/> \$3,926

Contact Sadler & Company for operations with more than 6 units or 600 sq. ft. or if higher limits are needed

TOTAL COST SUMMARY

COSTS ARE 100% FULLY EARNED & NON-REFUNDABLE ONCE COVERAGE BEGINS
 COVERAGE IS CONTINGENT UPON RECEIPT OF PREMIUM PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT UNTIL PREMIUM IS RECEIVED BY SADLER & COMPANY.

Program Premium (from chart above) = Subtotal	\$ (A)
Florida Applicants Florida applicants need to add a 1.3% state mandated Hurricane Catastrophe Fund assessment fee to the premium due	
Florida Premium Due – Subtotal: Multiply line (A) x 1.013	\$ (B)
Annual Risk Purchasing Group Membership Fee (Required)	\$ 10.00 (C)
TOTAL COST DUE: Lines (A) or (B) + (C)	\$

COVERAGE EXCLUSIONS

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots and displays; Cleaning accessories and products – homemade; E-commerce selling; Fire safety equipment; Fireworks sales and displays; Haunted attractions; Health and beauty products – homemade; Hot wax impressions; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products (selling); On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Photographers (unless for a single event home-based wedding photographer); Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products (selling); Wholesale business operations.

GENERAL FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICABLE IN COLORADO – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN KANSAS – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for the personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT – Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN MINNESOTA – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN OHIO – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON – It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

READ AND SIGN -- WARRANTY STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

NOTE TO ALL AGENTS & BROKERS: There are no commissions included in this program. Premiums are NET and may not be altered on the enrollment form. In addition, proof of coverage will be sent direct to the organization and will not be sent to an agent. Agents do not have authority to issue binders or a certificate of insurance on behalf of this program.