

Specialty Insurance Agency  
& Vendors Of The U.S.

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

Email: [steph@specialtyinsuranceagency.com](mailto:steph@specialtyinsuranceagency.com)  
Website: [www.specialtyinsuranceagency.com](http://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 person selling products 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, 2008 to September 01, 2009

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

#### The policy limits of coverage are as follows:

|                               |             |   |
|-------------------------------|-------------|---|
| Each Occurrence               | \$1,000,000 | (bodily injury & property damage to others)               |
| Damage to Rented Premises     | \$300,000   | (to rented premises)                                      |
| Personal & Advertising Injury | \$1,000,000 | (hurting someone's feelings)                              |
| General Aggregate             | \$2,000,000 | (the most the policy will pay out during the policy year) |
| Products – Completed Op. Agg. | \$2,000,000 | (the most the policy will pay out during the policy year) |
| Medical Expenses              | \$5,000     | (covers the medical expenses of others injured by you)    |
| Excess Liability              | \$1,000,000 | (raises the limits above by \$1,000,000)                  |

#### Carrier

Peerless Insurance Company (Indiana- A Liberty Mutual Company, is rated A (Excellent); XV (\$2 billion or greater).

#### Premium

Annual Premium Cost:

Option 1 - With Product Coverage: **\$350.00**    Option 2 - Without Product Coverage: **\$330.00**

**Note: firearms, fireworks, swords, knives, infant products, medical products, nutritional products & supplements are excluded from the product coverage. Option 2 is available!**

Note: Product Liability is required by some of the fairs in CA, ID, KS, NY, PA, TX, & WA More fairs & states will probably adopt this requirement. Product coverage covers bodily injury & property damage caused your product.

**Continued on next page.**

**RETURN THIS PORTION WITH YOUR CHECK.**

This Application is for:  Single Event (Limited to 7 Days) - \$125.00  
Event Dates: \_\_\_\_\_ (Limited to 7 Days)

Policy period:  September 01, 2008 to September 01, 2009

Select:  **Option 1** - With Product Coverage: \$350.00  
 **Option 2** - Without Product Coverage: \$330.00

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

Policy period:  March 01, 2009 to September 01, 2009

Select:  **Option 1** - With Product Coverage: \$280.00  
 **Option 2** - Without Product Coverage: \$260.00

Policy period:  June 01, 2009 to September 01, 2009

Select:  **Option 1** - With Product Coverage: \$200.00  
 **Option 2** - Without Product Coverage: \$190.00

Business Name  
(one business name per policy):

Business Owners Name:

Referred by:

Mailing Address:

|        |        |           |
|--------|--------|-----------|
| City:  | State: | Zip Code: |
| Phone: | Fax:   |           |

Email address:

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

**Additional Insured:**

Certificate requests can be faxed to 715-246-4257 or you can request through the website.

- To request through the website go to [www. specialtyinsuranceagency.com](http://www.specialtyinsuranceagency.com) & click on insurance tab.
- Select the policy you hold by clicking on the vendor insurance box.
- Click on On-Line Certificate Request form at the top of the page.
- Fill in the blanks and hit the email button.

We will email you back a PDF of your request and fax your request to the number provided.

**Certificate Holder – Big Bear Valley Renaissance Society, Inc.**

**Attn: Lynda McGinnis**

Mailing Address (required): **P.O. Box 3069**

|                             |                  |                        |
|-----------------------------|------------------|------------------------|
| City: <b>Big Bear City</b>  | State: <b>CA</b> | Zip Code: <b>92314</b> |
| Fax to: <b>909-585-0220</b> | Email to:        |                        |

Event date (only if required on certificate):

**Additional Insured: Big Bear Valley Renaissance Society, Inc.**

**Our office hours:** Monday – Thursday 9AM – 5PM (Central Time Zone)  
Closed on all holidays & weekends.

**If you are sending through UPS, FedEx or DHL, our street address is: 1961 104<sup>th</sup> 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