

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: info@vendorsoftheus.com
Website: www.vendorsoftheus.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 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 that may happen to others. You can never predict when an accident may occur.

Operations Not Eligible

- Anything with Live Animals

Policy Limits of Coverage

General Aggregate	\$2,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Fire Damage Liability	\$100,000

Carrier

Coverage is provided by Scottsdale Insurance Company, a carrier rated A+(superior).

Premium

Coverage is for an annual term from July 11, 2006 to September 11, 2007 for \$280.00.

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

Requesting an Additional Insured:

There is **no charge** for naming a venue (such as the fair) where you are working as an additional insured.

You can request additional insured certificates via the mail, fax or email.

To email your request go to:

- www.vendorsoftheus.com and click on the insurance tab.
- Go to On-Line Forms section & click on certificate request.
- Fill in all the blanks and hit the Email Form button.

Your request is delivered to our Internet mailbox. Requests received are submitted for processing each working day. These requests are normally completed and faxed within 24 to 48 hours. We ask that you to allow two weeks to process your request in the event that there are complications with required wording. Let us know if it is a rush.

Continued on backside.

RETURN THIS PORTION WITH YOUR CHECK.

This Application is for: .. Single Event (Limited to 7 Days) - \$125.00
 .. July 11, 2006 to September 11, 2007 - \$280.00

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

Business Name:		
Business Owners Name:		
Referred by:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Email address:		
Description of What You Do:		

Certificate Holder:

(Venue where you are setting up booth space that is requiring a certificate in their name.)

Event Name:		
Attn:		
Event Address (required):		
City:	State:	Zip Code:
Additional Insured:		
Fax to:		
Event date (include set up & tear down dates):		

Our office hours:

Monday – Thursday 9AM – 5PM (Central Time Zone)
Closed on all holidays & weekends.

**If you are sending overnight mail, our street address is: 1961 104th Street
(the rest of the address is the same)**

Thank you for purchasing your policy from Vendors of the U.S.!

Have a great year and keep smiling!
Stephanie Weiss