

RAG BRAI Vendor Insurance Program

A Liability Insurance Program Providing Protection
from Lawsuits of Bodily Injury and/or Property Damage

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)
- Host liquor liability (non-profit)
- Activities necessary or incidental to conduct business as a vendor
- Ownership, use, or maintenance of fields or vendor locations
- General negligence claims
- Cost of investigation and defense of claims
- Professional liability (involves specialized education, knowledge, labor, judgment and skill that is predominately mental or intellectual).

Exclusions

Exclusions include but are not limited to the following:
Access or Disclosure of Confidential or Personal Information and data- Related Liability – With Limited Bodily Injury Exception, Coverage C – Medical Payments, Employment Related Practices Exclusion, Fungi or Bacteria, Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism, Exclusion of Punitive Damages Related to Terrorism, Liability Arising Out of Lead, Silica or Related Dust Exclusion, Nuclear, Biological, or Chemical Exclusion, Failure to Provide Waiver and Release Sub-limit, Exclusion – Organic Pathogens.

Premium Rates and Benefits — SINGLE VENDOR

\$1,000,000.00 Per Occurrence / \$2,000,000.00 Aggregate

Program Rate Vendor 5 days or less: \$105.00

6-14 Days: \$167.00

Total Premium = \$ _____

Full Legal Name of Proposed Policyholder _____

Type of Operation Corporation Individual/Sole Proprietor Limited Liability Company (LLC) Partnership/Joint Venture Other

Full Mailing Address _____

Contact Name _____ Phone _____ Email _____

Event Name _____

Event Location(s) _____

Requested Effective Date _____ Policy will become effective on the Requested Effective Date is (a) all required information is provided and (b) the Company has received the premium on or prior to that date.

Vendor Type _____

Description of Your Exhibit/Goods _____

Ineligible Vendor Types:

Body piercing or tattooing, Catering Companies, Christmas tree retail lots, Corn or Hay maze, Disc-Jockeys for events with over 200 attendees, DJ Companies with more than 1 Employee, E-commerce selling, Entertainment and Film Industry Vendors, Fire Dancing, Fire Eating, Food Trucks, Haunted attractions, Hot wax impressions, Live Edge Weapon Performers, Live animals, Live Bands with more than 1 individual, Marijuana and other cannabis products and/or paraphernalia, Massage, medical testing, Motor sports activities, Nutritional/health supplements, On-site installation/service/repair of products, On-site equipment rental, Oxygen/aromatherapy, Storefront operations, Timeshare sales, Tobacco products, Vehicles in motion, Watercraft exhibits on water, Weapon Throwing, Weapon sales, Weight-loss plans or products, Wholesale business.

Please Note: Catering Companies, Christmas tree retail lots, Corn or Hay mazes, Disc-Jockeys for events with over 200 attendees, Haunted attractions, Live Bands, Food Truck Vendors, Entertainment & Film Industry Vendors are not eligible under this program, however, you can apply to receive a quotation.

Note: This information has been designed to illustrate the highlights of this program but is not a contract. Some exclusions and coverages may be modified to meet the individual state requirements. For specific details, please request a sample policy.

Vendor Insurance Program

Will your exhibit or goods involve any use of Fire other than cooking, Fireworks or Firearm Ammunition?	YES	NO
Has your past liability coverage been cancelled in any way in the last three years?	YES	NO
Is your current insurer non-renewing coverage?	YES	NO
Have any liability claims been paid by your insurer during the last three years?	YES	NO

If yes, describe claims _____

Will your exhibit include mechanical or inflatable amusement devices?	YES	NO
Are all of the event operations to be insured located within the United States?	YES	NO
Have you or your company ever been involved in any legal dispute relating the operations or products of your company or business?	YES	NO

Do you operate any of the following: Body piercing or tattooing, Catering Companies, Christmas tree retail lots, Corn or Hay maze, Disc-Jockeys for events with over 200 attendees, DJ Companies with more than 1 Employee, E-commerce selling, Entertainment and Film Industry Vendors, Fire Dancing, Fire Eating, Food Trucks, Haunted attractions, Hot wax impressions, Live Edge Weapon Performers, Live animals, Live Bands with more than 1 individual, Marijuana and other cannabis products and/or paraphernalia, Massage, medical testing, Motor sports activities, Nutritional/health supplements, On-site installation/service/repair of products, On-site equipment rental, Oxygen/aromatherapy, Storefront operations, Timeshare sales, Tobacco products, Vehicles in motion, Watercraft exhibits on water, Weapon Throwing, Weapon sales, Weight-loss plans or products, Wholesale business.	YES	NO
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Additional Insureds

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

1.) _____ _____ _____ _____	2.) _____ _____ _____ _____	3.) _____ _____ _____ _____
4.) _____ _____ _____ _____	5.) _____ _____ _____ _____	6.) _____ _____ _____ _____

**If any entity requires Primary, Non-Contributory or Waiver of Subrogation Endorsements, there is a \$100 charge per endorsement, per entity.

Acknowledgements and Signatures

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

b. Fraud Warning Any person who knowingly and with intent to defraud any insurance company or other 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 there to, commits a fraudulent insurance act, which may be a crime.

Applicant's Acknowledgment I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that

(d) this application will form part of any policy issued,

(e) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application,

(f) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and

(g) only those persons eligible under the terms of an issued policy will be insure

 Name

 Signature

 Date