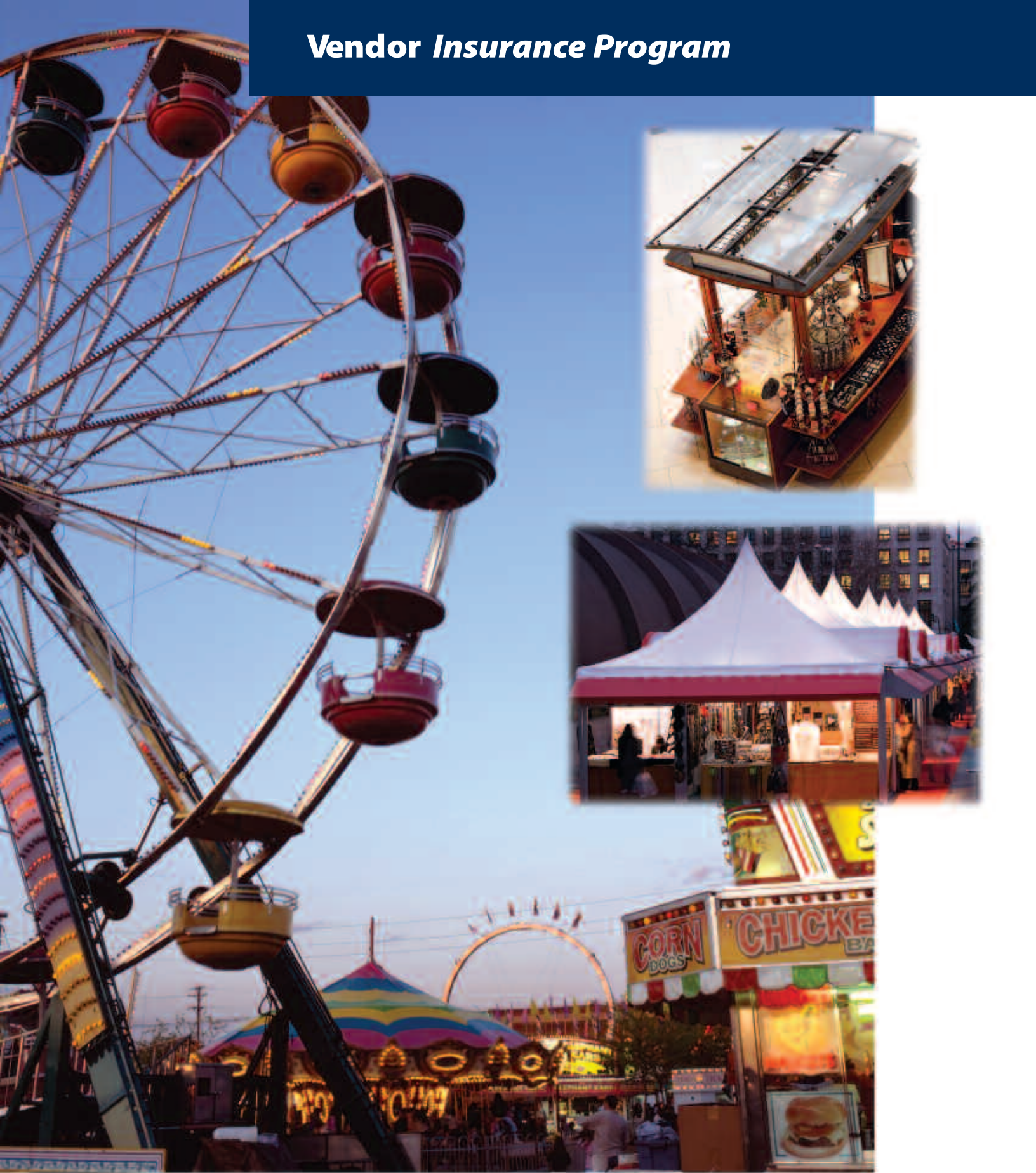


# Vendor Insurance Program



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



# Vendor Insurance Program

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

The DHC Insurance, L.L.C. 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, DHC Insurance, L.L.C. 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
- Incidental medical malpractice
- All activities necessary to conduct practices and games
- Ownership, use or maintenance of fields or practice areas
- General negligence claims
- Cost of investigation and defense of claims, even if groundless
- Corporal punishment

### **Exclusions**

Claims by Athletic Participants, War, Terrorism, Assault & Battery, Sexual Abuse/Molestation, Asbestos, Nuclear Energy, Total Pollution, Fungi or Bacteria, Pyrotechnics, Employment Related Practices, Lead Liability.

Exclusions may vary by state. Sample policies are available upon request.

## **Program Highlights**

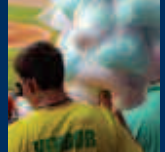
Admitted Basis

Occurrence-Form Policy

"A+" Rated Insurance Company

Host Liquor Liability

Worldwide coverage for suits brought in the US, US Territories, Canada or Puerto Rico



**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 cost to increase the general aggregate to \$2,000,000.00: Additional 5% of total premium  
 Premium cost to increase the general aggregate to \$3,000,000.00: Additional 10% of total premium  
 Premium cost to increase the general aggregate to \$4,000,000.00: Additional 15% of total premium  
 Premium cost to increase the general aggregate to \$5,000,000.00: Additional 20% of total premium

**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

- 1. Groups of 2 or More Vendors 5 days or less: \$35.00 per vendor (Subject to \$60.00 MP)
- 2. Groups of 2 or More Vendors 6–14 days: \$75.00 per vendor (Subject to \$150.00 MP)
- 3. Groups of 2 or More Vendors 15–30 days: \$105.00 per vendor (Subject to \$210.00 MP)
- 4. Groups of 2 or More Vendors 1–6 months: \$205.00 per vendor (Subject to \$410.00 MP)
- 5. 2 or More Vendors 6 months – Annual: \$260.00 per vendor (Subject to \$520.00 MP)

MP = Minimum Premium is Fully Earned at Inception

**Premium Calculation:**

Number of Vendors \_\_\_\_\_ x Rate per Vendor \_\_\_\_\_ = \$ \_\_\_\_\_  
TOTAL

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

Contact Information

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

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

Phone \_\_\_\_\_

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

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

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

Description of Exhibit \_\_\_\_\_

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 DHC insurance, L.L.C.

Enclosed is my check for the total premium.

Please bill by Visa / MasterCard / AmEx / Discover Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

**Program Administrator  
DHC Insurance, L.L.C.**

P.O. Box 948 • Warrenville, IL 60555  
(888) 288-1829 • FAX (630) 393-5666  
www.dhcins.com

# Vendor Insurance Program



Coverage is provided by Riverport Insurance Company. Riverport Insurance Company is 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.



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