

# McDaniel Insurance Services

## Group Vendors Program

Name of Applicant/event organizer \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Name of contact person \_\_\_\_\_

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

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

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

Description of Exhibits

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 (attach any special wording or requirements):

1.)

2.)



P.O. Box 1294, Ojai, CA 93024 (800) 400-7288 (805) 646-9948 FAX (805) 646-9976  
206 N. Signal Street, Suite O, Ojai, CA 93023 CA DOI Lic #0820481 mcins@west.net  
<http://www.mcdanielinsuranceservices.com>

**Rates (premium and broker fees) and Benefits — GROUP VENDOR POLICIES**

Please check all plan numbers that apply.

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

1. Program Rate Vendor 30 days or less: \$50.00 per vendor (Subject to \$200.00 MP)
2. Program Rate Vendor 30 days – 6 months: \$65.00 per vendor (Subject to \$400.00 MP)
3. Program Rate Vendor 6 months – Annual: \$90.00 per vendor (Subject to \$800.00 MP)
4. Premium cost to increase the general aggregate to \$2,000,000.00: Additional 5% of total premium

**Premium Calculation:**

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

**COMPLETE FORM, SIGN, ATTACH CHECK FROM ORGANIZER AND ATTACH VENDOR LIST**

Less than a month before the event, call for payment arrangements. Payment may need to be made through a verified PayPal payment

**MAIL TO:**

**McDaniel Insurance Services**  
**P O Box 1294**  
**Ojai, CA 93023**

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 Francis L. Dean And Associates, Inc.

The information provided is for summary information purposes. Please refer to the policy for full information. The policy is the legal document and supersedes any information herein. I acknowledge that this is brokered business and broker fees are charged and are nonrefundable.

Always feel free to call McDaniel Insurance Services with any question 800-400-7288.

Enclosed is my check for the total premium.

Authorized Signature

\_\_\_\_\_

Date \_\_\_\_\_

## **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

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

McDaniel Insurance Services has Selected the The Francis L. Dean & Associates vendor liability program Because it has been structured to meet the needs of vendors big and small.

These programs have been specifically tailored to offer the coverage you need to keep your business protected. These 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, this program also offers the convenience of group policies. For events with multiple vendors, these 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.