



Vendor Insurance Program

Part I Policyholder Information

Name of Policyholder: _____

Mailing Address: _____

Street City State Zip

Contact Person: _____

Phone Number: _____ Email Address: _____

Requested Effective Date: _____ Requested Termination Date: _____

Description of Exhibit/Goods: _____

Excluded Vendor Types: Body piercing or tattooing, E-commerce selling; Fireworks sales & displays ; hot wax impressions ; live animals; massage; medical testing; motor sports activities; nutritional/health supplements; on-site installation/service/repair of products; on-site equipment rental; oxygen/aromatherapy; storefront operations; time share sales; tobacco products; vehicles in motion; watercraft exhibits on water; weapon sales; weight-loss plans or products; wholesale business; medical marijuana and/or paraphernalia.

PLEASE NOTE: Catering companies; Christmas tree retail lots; corn or hay mazes; disc-jockeys for events with over 200 attendees; haunted attractions; live bands; mechanical or inflatable amusement devices; food truck vendors and entertainment & film industry vendors are not eligible under this program, however you can apply for a quotation.

Has any prior coverage been canceled or non-renewed? Yes No
If yes, please describe and provide loss history: _____

Part II Premium Rates and Benefits – Please check plan that applies

Liability Limits: \$1,000,000 per Occurrence / \$1,000,000 Aggregate

Single Vendor (\$75 MP)		Group Vendor (\$75 MP)	
5 days or less	\$50	5 days or less	\$35
6-14 days	\$100	6-14 days	\$70
15-30 days	\$150	15-30 days	\$105
1-6 months	\$275	1-6 months	\$205
6 months - annual	\$350	6 months - annual	\$260

Part II Plan Rate \$ _____ x _____ = \$ _____
of Vendors (\$75 Minimum Premium)

Agency Fee: \$50

Total Premium: \$ _____
(\$125 Minimum Premium Total)

*Optional Increased Limits available for additional premium, please contact our office for pricing.

** Premium is fully earned upon policy inception, no refunds will be given.

I confirm that all information provided on this application is true to the best of my knowledge and understand that any inaccurate or misleading statements may affect any claims made against the associated policy. I verify I have read and understand all information contained in this application and that Gagliardi Insurance Services reserves the right to deny all or part of any coverage offered. I understand that this application only provides a summary of coverage and that full details of the coverage or a copy of the insurance policies offered or purchased can be provided upon request. Insurance requirements may vary by venue and state. I understand that I am responsible for ensuring that I have purchased adequate coverage based on the location of the event or other covered activities.

Date: _____ Signature: x _____

Please submit via email: sales@gssportsinsurance.com or fax: 408-414-8111