



# Communication Vendors Insurance Program

Rates and Limits Effective 2/1/2011-1/31/2012

## PROGRAM DESCRIPTION

This insurance program has been designed for owners of communication machines on premises owned by others. Coverage provided includes important liability protection for the owner, including its employees and volunteers, for liability claims arising out of the operations of their business as a communication vendor. Please note, this insurance does not cover loss or damage to property, stock or inventory.

Coverage is provided by a Carrier rated A+ (Superior) by A.M. Best Company.

## COVERAGES AND LIMITS

**Commercial General Liability** - coverage that protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

	<u>Option 1</u>	<u>Option 2</u>
General Aggregate (other than Products-completed Operations)	\$3,000,000	\$4,000,000
Each Occurrence	\$1,000,000	\$2,000,000
Products-completed Operations Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$2,000,000
Damage to Premises Rented to You	\$ 300,000	\$ 300,000
Medical Expense (other than members/participants)	\$ 5,000	\$ 5,000

## ELIGIBLE OPERATIONS

Communication vendors that place the following types of machines on premises owned by others are eligible for this program. If you do not see your type of operation listed, please contact Summit America for eligibility.

- Copy machines
- Fax machines
- Internet kiosks
- Payphones
- Photo copiers

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks)
- Animals
- Asbestos
- E-commerce consulting
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Haunted attractions
- Lead

## INELIGIBLE OPERATIONS

The following operations are not eligible for this program. Note: This is not a complete listing of ineligible operations.

- ATMs
- Blood pressure machines
- Coin-operated amusement rides
- Coin-operated washers and/or dryers
- Food and/or drink vending machines
- Parking meters
- Phone and/or machine units in correctional institutions
- Tobacco and/or propane gas vending machines



# Communication Vendors Enrollment Form

Rates and Limits Effective 2/1/2011-1/31/2012

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. Summit America reserves the right to decline any request for coverage.

## SECTION 1: GENERAL INFORMATION

Coverage will begin the day after the completed enrollment form and premium are received and approved by Summit America, or on a later date that you specify below.

Start my coverage on this date: \_\_\_\_\_

Named Insured (as it should appear on the policy): \_\_\_\_\_  
(the legal name of the organization or business; typically, the name that would appear on any contracts or agreements)

Doing business as (DBA): \_\_\_\_\_  
(additional names(s) under which the named insured operates)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## SECTION 2: BUSINESS INFORMATION

Please provide the number of units you have in operation:

- \_\_\_\_\_ Copy machines
- \_\_\_\_\_ Fax machines
- \_\_\_\_\_ Internet kiosks
- \_\_\_\_\_ Payphones
- \_\_\_\_\_ Photo copiers
- \_\_\_\_\_ Other (subject to Summit America approval) – please describe \_\_\_\_\_
- \_\_\_\_\_ **Total number of units (add all lines above)**

## SECTION 3: PROGRAM PREMIUM CALCULATION

Number of Units	Option 1 (see page 1)	Option 2 (see page 1)	Florida Residents	
			Option 1 (see page 1)	Option 2 (see page 1)
1-200 Units	<input type="checkbox"/> \$1,162.00	<input type="checkbox"/> \$1,743.00	<input type="checkbox"/> \$1,177.10	<input type="checkbox"/> \$1,765.66
201-400 Units	<input type="checkbox"/> \$2,324.00	<input type="checkbox"/> \$3,486.00	<input type="checkbox"/> \$2,354.21	<input type="checkbox"/> \$3,531.32
401-600 Units	<input type="checkbox"/> \$3,486.00	<input type="checkbox"/> \$5,229.00	<input type="checkbox"/> \$3,531.32	<input type="checkbox"/> \$5,296.98
Over 600 Units	Please contact Summit America			

**SECTION 4: DOCUMENT DELIVERY/CERTIFICATE REQUEST**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered by e-mail, unless otherwise requested. If you have an insurance agent, all documents will be delivered to your agent only. Additional certificate requests will be delivered to the same person. *Complete this section to request an additional certificate. Provide separate requests for each additional certificate needed.*

Check the type of certificate you are requesting:             Additional Insured     Evidence of Coverage

Certificate Holder (Entity Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you:     Owner/Lessor of premises     Sponsor     Co-promoter     Mortgagee  
 Franchisor                                     Other \_\_\_\_\_

If applicable:

RE:  
Date(s) of activity: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Hours of event/activity: \_\_\_\_\_ to \_\_\_\_\_

Type of Event: \_\_\_\_\_ Name of Event: \_\_\_\_\_

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

**SECTION 5: AGENT INFORMATION (If applicable)**

This section should only be completed by a licensed agent or broker completing this form on behalf of the client. A commission of 10% is offered on this program. Agent must submit net premium to our office.

Agency name: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent/Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

**EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program: abuse, molestation, harassment or sexual conduct; aircraft/hot air balloon; airport (the ownership, operation, maintenance, or use of any airfield or airport facility premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); amusement devices (the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video arcade or computer games or structures that are not designed to bounce on, slide on, ride on or tunnel through); animals (injury or death to, or injury, death or property damage caused by any animal owned, rented or hired by you); asbestos; commercial general liability standard exclusions (CG0001 12/04 edition); E-commerce consulting; employment-related practices; fireworks; fungi or bacteria; haunted attractions; lead; nuclear energy liability; performers; saddle animals; snowmobile; those operations listed as ineligible: ATMs, blood pressure machines, coin-operated amusement rides, coin-operated washers and/or dryers, food and/or drink vending machines, parking meters, phone and/or machine units in correctional facilities, tobacco and/or propane gas vending machines.

**GENERAL FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; insurance benefits may also be denied). **Applicable in Colorado** – It is unlawful to knowingly provide false, incomplete, or misleading facts of information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement of award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. **Applicable in the District of Columbia** – WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant. **Applicable in Florida** - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. **Applicable in Hawaii** – For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Applicable in Kansas** – Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy personal or commercial insurance, or claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act. **Applicable in Massachusetts, Nebraska, Oregon and Vermont** - Any person who knowingly and with intent to defraud any insurance company or another 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 thereto, commits a fraudulent insurance act, which is a crime any may subject the person to criminal and civil penalties. **Applicable in Minnesota** – Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **Applicable in Ohio** – Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deception statement is guilty of insurance fraud. **Applicable in Oklahoma** – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Applicable in Washington** - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**SECTION 6: WARRANTY STATEMENT**

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and accurate. I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage. I further acknowledge that I have reviewed all information provided with this enrollment form and understand the exclusions that apply, as well as the activities and operations for which coverage is not provided.

**Applicant or Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If an agent: check here to acknowledge that you are signing on behalf of the named insured.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION 7: PAYMENT METHOD**

**PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS**

**Check:** Please make check payable to Summit America Insurance Services

Enclosed check # \_\_\_\_\_ for \$ \_\_\_\_\_

**Credit Card:** If you are making your payment by credit/debit, please complete the following:

Visa       MasterCard       American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize Summit America Insurance Services to charge my debit/credit card in the amount of \$ \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reference # \_\_\_\_\_ Name on Card \_\_\_\_\_  
(last 3 digits on back of card)

Signature: \_\_\_\_\_

**How did you hear about Summit America's Communication Vendors program?**

Convention \_\_\_\_\_ Magazine Ad \_\_\_\_\_ Web Search \_\_\_\_\_ Other \_\_\_\_\_  
Specify: \_\_\_\_\_ Specify: \_\_\_\_\_

**SECTION 8: ENROLLMENT FORM SUBMISSION**

Please fax, mail or e-mail pages 2-5 of the completed enrollment form along with payment to Summit America Insurance. Please note that this enrollment form is subject to underwriting review and approval. We will contact you if any further information is needed.



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