

Insurance Section

IC must, at all times, and at IC's own expense, maintain current insurance coverage (naming Smith+Noble, its parent, affiliates, and subsidiaries as additional insured) consistent with the following requirements.

If IC stores merchandise on IC's premises for any period of time IC will be responsible for insuring the merchandise at IC's sole expense.

Insurance Coverage Requirements

General Liability

General liability Agg _____	\$2,000,000
Products/Comp-Ops Agg _____	\$1,000,000
Each Occurrence _____	\$1,000,000

Automobile Liability

Combined Single Limit _____	\$300,000
OR	
Bodily Injury (per person) _____	\$100,000
Bodily Injury (per accident) _____	\$300,000
Property Damage _____	\$50,000

Workers' Compensation* & Employer's Liability

Workers' Compensation	Statutory
Employer's Liability	
Each Accident _____	\$100,000
Disease Policy Limit _____	\$100,000
Disease Each Person _____	\$100,000

Note: If IC is, or believes it may be, exempt from participation in a workers' compensation insurance program, or is self-insured, IC must fill out and sign the WAIVER OF WORKER'S COMPENSATION COVERAGE. Form has been provided.

Ten Point Insurance Checklist

1. IC's company name as it appears on any insurance related documents must EXACTLY match the IC's legal name as it appears on the W-9.
2. Insurance carriers must, WITHOUT EXCEPTION, be rated a "B+ and VI" or better by AmBest Company, whose ratings may be viewed via the Internet at <http://www.ambest.com>. Re-insurers are unacceptable. All policies must be underwritten by a carrier incorporated and headquartered in the United States. All carriers must allow claims to be filed in the United States and provided for payment of claims in U.S. dollars.
3. Coverage Limits
 - a. General Liability: must be occurrence based. General aggregate, Products Comp/Op Aggregate and Each Occurrence limits must meet or exceed the level specified by UI.
 - b. Auto Liability: must be specified (any auto, all owned autos, scheduled autos, hired autos, or non-owned autos). Limits must be in force either for a Combined Single Limit or Bodily Injury (per person), Bodily Injury (per accident), and Property Damage. Limit must meet or exceed the level specified by UI.
 - c. Workers' Compensation: must comply with the statutory limits set by your state law. IC's liability coverage must be in force for Each Accident, Disease-Policy Limit, and Disease-Each Employee. Limits must meet or exceed the level specified by UI. **IC must indicate whether any of its' principals are included under or excluded from workers' compensation coverage. If IC is, or believes it may be, exempt from participation in a workers' compensation insurance program, or is self-insured, IC must contact SN for further guidance prior to execution of the IC Agreement with SN.**
4. Current, up-to-date insurance certificates must be provided to UI by IC at all times.
5. All insurance certificates must list the policy number. Binder numbers are only valid for thirty (30) calendar days.
6. All insurance certificates must list the following as the certificate holder.
7. IC's insurance agent must sign all insurance certificates.
8. All insurance certificates must contain a minimum thirty (30) day written notification of cancellation or modification requirement.
9. The occurrence box must be checked for General Liability.
10. All insurance certificates (except any Workers' Compensation Certificate or Insurance) must contain the following EXACT statement:
"United Independent, Inc., its Parent, Affiliates, and Subsidiaries are added as additional insureds". The phrases "Additional Interest" or "Shall be added" will not be accepted.

Note: Use this check list and the sample insurance certificate cross-referencing this checklist contained in the Handbook as tools for IC's insurance agent.

SAMPLE CERTIFICATE

ACORD		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YY)	
PRODUCER Producer's Information		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED Company Name Here or Your Name DBA Company Name Address, City, State, Zip		INSUREERS AFFORDING COVERAGE				
		INSURER A: Insurance Company (A.M. Best rating of B+ or higher)				
		INSURER B: Insurance Company (A.M. Best rating of B+ or higher)				
		INSURER C: Insurance Company (A.M. Best rating of B+ or higher)				
		INSURER D: INSURER E:				
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OF CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	ABC1234	03/08/06	03/08/07	EACH OCCURENCE	\$1,000,000
	<input type="checkbox"/> FIRE DAMAGE (Any one fire) \$ <input type="checkbox"/> MED EXP (Any one person) \$ <input type="checkbox"/> PERSONAL & ADV INJURY \$ <input type="checkbox"/> GENERAL AGGRREGATE \$1,000,000 <input type="checkbox"/> PRODUCTS-COMPIOP AGG \$1,000,000					
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ABC1234	03/08/06	03/08/07	COMBINED SINGLE LIMIT (Ea accident)	\$300,000 OR
	<input type="checkbox"/>				BODILY INJURY (Per person)	\$100,000
	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$300,000
	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$50,000
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT	\$	
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				OTHER THAN EA AUTO ONLY: AGG	\$ \$ \$ \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC1234	03/08/06	03/08/07	WC STATU- OTHER E.L. EACH ACCIDENT	\$100,000
					E.L. DISEASE-EA EMPLOYEE	\$100,000
					E.L. DISEASE - POLICY LIMIT	\$100,000
OTHER					\$	
Smith & Noble, its direct and indirect parents, subsidiaries, affiliates and assigns are listed as Additional Insured.						
CERTIFICATE HOLDER		X ADDITIONAL INSURED; INSURER LETTER: __		CANCELLATION		
Smith & Noble 1181 California Ave. Corona, Ca. 92881		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OF REPRESENTATIONS				
		Authorized Representative: _____				

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