

Event General Liability Insurance
Proposal & Application

Payment Outstanding

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| PROPOSAL NUMBER 1926641 |
| PREPARED ON 10/11/2017 |
| PROPOSAL VALID UNTIL 10/18/2017 (7 days) |

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|--|-----------------|---|-------------|-------------------------------|-------------|---|-------------|-------------------|-------------|------------------|---------|---------------------------------------|---------------|-----------------------|--------------|--------------------------------|-----------------|------------------------|--------------|------------|---------|--|--|
| PREPARED FOR Northern RI Conservation District Michelle Place 2283 Harford Ave, Johnston, RI 02919 Phone: 4019340840 Email: debbie.petrocelli@farm-family.com | | LICENSED AGENT John T. Howard Agency West Greenwich, RI 02817 Phone: 4013971050 Email: john.howard@farm-family.com | | | | | | | | | | | | | | | | | | | | | |
| PROPOSAL CREATED BY John T. Howard Agency West Greenwich, RI 02817 Phone: 4013971050 Email: john.howard@farm-family.com | | INSURED BY Evanston Insurance Company NAIC: 35378 Rating: A.M. BEST A(Excellent) XV | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE LIMITS <table> <tr> <td>Each Occurrence (Includes Bodily Injury and Property Damage)</td> <td align="right">\$1,000,000</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td align="right">\$1,000,000</td> </tr> <tr> <td>Products / Completed Operations Aggregate</td> <td align="right">\$1,000,000</td> </tr> <tr> <td>General Aggregate</td> <td align="right">\$2,000,000</td> </tr> <tr> <td>Medical Payments</td> <td align="right">\$5,000</td> </tr> <tr> <td>Liquor Liability</td> <td align="right">Host Included</td> </tr> <tr> <td>Waiver of Subrogation</td> <td align="right">Not Included</td> </tr> <tr> <td>Additional Insured(s)</td> <td align="right">Included</td> </tr> <tr> <td>Hired & Non-Owned Auto</td> <td align="right">Not Included</td> </tr> <tr> <td>Deductible</td> <td align="right">\$1,000</td> </tr> </table> | | Each Occurrence (Includes Bodily Injury and Property Damage) | \$1,000,000 | Personal & Advertising Injury | \$1,000,000 | Products / Completed Operations Aggregate | \$1,000,000 | General Aggregate | \$2,000,000 | Medical Payments | \$5,000 | Liquor Liability | Host Included | Waiver of Subrogation | Not Included | Additional Insured(s) | Included | Hired & Non-Owned Auto | Not Included | Deductible | \$1,000 | POLICY COVERAGE INTENT This is just an brief overview, see policy for exact coverage. Property Damage Coverage for your rented Event Locations. Bodily Injury Coverage for your Event Attendees. Protection from Property Damage & Bodily Injury Lawsuits. | |
| Each Occurrence (Includes Bodily Injury and Property Damage) | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| Personal & Advertising Injury | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| Products / Completed Operations Aggregate | \$1,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| General Aggregate | \$2,000,000 | | | | | | | | | | | | | | | | | | | | | | |
| Medical Payments | \$5,000 | | | | | | | | | | | | | | | | | | | | | | |
| Liquor Liability | Host Included | | | | | | | | | | | | | | | | | | | | | | |
| Waiver of Subrogation | Not Included | | | | | | | | | | | | | | | | | | | | | | |
| Additional Insured(s) | Included | | | | | | | | | | | | | | | | | | | | | | |
| Hired & Non-Owned Auto | Not Included | | | | | | | | | | | | | | | | | | | | | | |
| Deductible | \$1,000 | | | | | | | | | | | | | | | | | | | | | | |
| | | COST BREAKDOWN <table> <tr> <td>Premium</td> <td align="right">\$75.00</td> </tr> <tr> <td>Stamping Fees</td> <td align="right">\$0.00</td> </tr> <tr> <td>Tax</td> <td align="right">\$3.00</td> </tr> <tr> <td>Policy Fee</td> <td align="right">\$26.24</td> </tr> <tr> <td>Risk Purchasing Group Membership Cost</td> <td align="right">\$0.00</td> </tr> <tr> <td>Broker Fee:</td> <td align="right">\$25.00</td> </tr> <tr> <td>Outstanding Policy Cost</td> <td align="right">\$129.24</td> </tr> </table> | | Premium | \$75.00 | Stamping Fees | \$0.00 | Tax | \$3.00 | Policy Fee | \$26.24 | Risk Purchasing Group Membership Cost | \$0.00 | Broker Fee: | \$25.00 | Outstanding Policy Cost | \$129.24 | | | | | | |
| Premium | \$75.00 | | | | | | | | | | | | | | | | | | | | | | |
| Stamping Fees | \$0.00 | | | | | | | | | | | | | | | | | | | | | | |
| Tax | \$3.00 | | | | | | | | | | | | | | | | | | | | | | |
| Policy Fee | \$26.24 | | | | | | | | | | | | | | | | | | | | | | |
| Risk Purchasing Group Membership Cost | \$0.00 | | | | | | | | | | | | | | | | | | | | | | |
| Broker Fee: | \$25.00 | | | | | | | | | | | | | | | | | | | | | | |
| Outstanding Policy Cost | \$129.24 | | | | | | | | | | | | | | | | | | | | | | |
| EVENT DETAILS Where is your event? RI Total days of coverage you need? 1 Estimated total attendance? 75 Dinner | | UNDERWRITING QUESTIONS Are there amusement devices, inflatables, rides or animals? No Are there water activities? No Is there camping, sleeping overnight or events past 2am? No | | | | | | | | | | | | | | | | | | | | | |
| COVERAGE TERM Dates of Coverage: 11/11/2017 | | EVENT DESCRIPTION | | | | | | | | | | | | | | | | | | | | | |
| ADDITIONAL INSUREDS (SHOWING 1 OF 1) Varnum continental Hall 6 Main St East Greenwich, RI 02818 | | | | | | | | | | | | | | | | | | | | | | | |