

MAXWELL STREET MARKET VENDOR INSURANCE PROGRAM

Through the facilities of Market Access Corporation provided by Certain Underwriter's at Lloyd's, London

E-Z BINDSM

INFORMATION & INSTRUCTIONS

The City of Chicago has arranged an easy-access, direct to the consumer, low cost, vendor's liability insurance program for the Maxwell Street Market participants. It is provided by Certain Underwriter's at Lloyd's, London (financial strength "A" Excellent).

Shown on this form are the insurance premium rates broken down by classification of vendor and term of coverage. Use this information to complete the Maxwell Street Market Vendor Insurance *Application* form.

1. Complete the application form in its entirety.
2. Make cashier's check or money order payable to "Market Access Corporation"
3. Send application and payment to:
Market Access Corporation
50 North Brockway, Suite 3-2
Palatine, Illinois 60067
*(If, for any reason payment is returned "unpaid" by the financial institution, **(the insurance will be voided)** and we will charge and you agree, to pay a returned payment fee in the amount of \$25.)*
4. Cash payment can be accepted at the Palatine office location (only)
5. Fully completed paperwork and payment in full, must be received not later than the Friday prior to the effective date of coverage! Preferably by Wednesday. **No certificate requests will be processed later than Friday at 5 PM CST for coverage that weekend** (with the exception of Maxwell Street Lottery* permits).
6. Once the application has been approved, a Certificate of Insurance will be issued as your proof of coverage and returned to you. A copy of your Certificate will be sent to the City of Chicago on your behalf.

For "**Coverage Details**" please see the attachment. A copy of the master policy is available for you to review upon request. Acknowledgement of the insurance terms is required in order to secure coverage.

RATES

EXCLUDES Products Liability Coverage:

INSURANCE TERM	1 DAY	1 MOS.	3 MOS.	6 MOS.	9 MOS.
NON-FOOD	\$19	\$65	\$175	\$315	\$440
FOOD	\$24	\$85	\$228	\$410	\$572
FEE (required)	\$10	\$20	\$30	\$50	\$70

INCLUDES Products Liability Coverage (*NA for Saturday/Sunday Lottery Permits):

INSURANCE TERM	1 DAY	1 MOS.	3 MOS.	6 MOS.	9 MOS.
NON-FOOD	\$26	\$90	\$245	\$440	\$615
FOOD	\$34	\$120	\$320	\$575	\$800
FEE (required)	\$10	\$20	\$30	\$50	\$70

CUT OFF DATES	12/27/2013	11/29/2013	9/28/2013	6/28/2013	3/29/2013

PROHIBITED ITEMS: Illegal, racist, pornography, stolen, counterfeit items, weapons, medications, expired goods or that which violates federal, state, or local laws.

CLAIMS

Any "incidents" or claims should be reported to the program's Third Party Administrator, John Kuhn at The Kuhn Firm LLC, 227 N. Main Street, Wauconda IL 60084, by phone (847) 416-2005, fax (847-416-4798 or e-mail at jkuhn@kuhnfirm.com. The report should include the date, time and description of the incident (what happened) and the name, address, phone and fax number of all individuals involved (including witnesses), as well as the information on the person making the report.

COVERAGE DETAILS

INSURED NAME	Certain Listed Vendors of the Maxwell Street Market and The City of Chicago
TYPE OF INSURANCE	Commercial General Liability
COVERAGE	Insurance that provides protection from claims arising from injuries or damage to other people or property.
FORM	2004 ISO (Occurrence)
LIMITS	Aggregate \$1,000,000 Products - CompOp Agg. \$ 10,000** Personal & Adv Injury \$1,000,000 Each Occurrence \$1,000,000 Damage to the Premises \$ 100,000
DEDUCTIBLE	None
OPTIONAL COVERAGES ** <i>**(subject to additional Premium)</i>	Products – Completed Operations
LIMITATIONS	Coverage period and designated vendor specific
EXCLUSIONS	
Abuse, Molestation, Assault & Battery	Liquor Liability (absolute liquor exclusion)
Amusement Devices/mechanical/inflatable devices	Concerts of a riotous or inflammatory nature, creating civil disobedience
Aircraft, Airports, aviation-type risks	Moshing, Stage-diving, Crowd-surfing, and Slam-dancing
Animals - injury to or caused by any animal	Punitive Damages
Bungee-related activities	Performer & Athletic Participant Injuries
Care, Custody or Control of Property	Riot, Civil Commotion
Cross Suits	Rodeos
Employment related practices	Security Guards
Firearms & Similar Weapons	Volunteers (bodily injury to)
Fireworks & Pyrotechnics	War & Terrorism
Fungi or Bacteria	
NOTIFICATION FORMS	See attachment

***RESTRICTIONS**

Permits purchased through the Maxwell Street Market Lottery will be eligible for coverage through the Maxwell Street Market Vendor Insurance Program. The Maxwell Street Market Office Administrator will be responsible for collecting payment and providing a proof of insurance. Products-Completed Operations Hazard coverage is not available for purchase since it requires pre-approval.

CONTACT

Market Access Corporation located at 50 North Brockway, Suite 3-2, Palatine, Illinois
Phone (847) 221-2100, Fax (847) 221-2520
Email: MSMvendor@marketaccesscorp.com

Office is 1 block South of the Palatine Train Station, in the BMO Harris Bank building, 3rd floor.

CERTIFICATION OF INSURANCE COVERAGE

THIS CERTIFICATE IS ISSUED AS EVIDENCE OF COVERAGE AFFORDED THROUGH **MARKET ACCESS CORPORATION FOR CERTAIN UNDERWRITERS AT LLOYD'S** UNDER BINDING AUTHORITY **AGREEMENT NUMBER:**

DATE:

NAMED INSURED: Certain Listed Vendors of the Maxwell Street Market (as endorsed onto the policy) and The City of Chicago

<u>TYPE OF INSURANCE</u>	<u>POLICY NUMBER</u>	<u>EFF. DATE / EXP. DATE</u>	<u>LIMITS</u>
Commercial General Liability [Occurrence]			GENERAL AGGREGATE \$1,000,000 EACH OCCURRENCE \$1,000,000 PRODUCTS COMP. OPS. \$ 10,000 PERSONAL & ADV. INJURY \$ 10,000 FIRE DAMAGE (Any one fire) \$ 100,000 DEDUCTIBLE \$ nil

AMENDMENT:

The policy is Amended to identify «VENDOR NAME» as **NAMED INSURED** for their vendor operations at the Maxwell Street Market, located on S. Des Plaines & Roosevelt Rd., Chicago, IL 60607, on «DATES OF COVERAGE».

Binder Number «BINDER NUMBER»

*** **NOTE:** THIS CERTIFICATE AUTOMATICALLY EXTENDS COVERAGE TO STATES, POLITICAL SUBDIVISIONS AND LAND AND PROPERTY OWNERS (subject to the policy's provisions) WHO YOU HAVE AGREED, IN A WRITTEN CONTRACT, TO NAME AS AN ADDITIONAL INSURED.

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE AS SHOWN ABOVE HAS BEEN ISSUED TO THE **NAMED INSURED** FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY.

A COPY OF THE MASTER POLICY IS AVAILABLE FOR REVIEW - UPON REQUEST

PRODUCER: USI Midwest
100 S. Wacker Dr., 16th Floor
Chicago, IL 60606

AUTHORIZED SIGNATURE: _____



CERTIFICATE HOLDER:

CANCELLATION:

SHOULD THE DESCRIBED POLICY BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

CERTAIN LISTED VENDORS OF THE MAXWELL STREET MARKET

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VENDOR APPLICATION FORM 2013 – 2014

FOOD NON-FOOD

APPLICANT/VENDOR NAME _____

(Lottery only)

Individual Partnership Limited Liability Company Other

ADDRESS (PO Boxes Not Accepted) _____

CONTACT NAME _____

CONTACT PHONE _____ EMAIL _____

EFFECTIVE DATE _____ (Single day for lottery permit) INCLUDE PRODUCTS: **N/A** (lottery permit)

WEBSITE (if applicable) _____

DESCRIBE **ALL** OPERATIONS INCLUDING GOOD AND SERVICES _____

_____ Attach supplement, if needed

PRIOR INSURANCE: YES NO *If answered "yes" COMPANY?* _____

INCIDENTS OR LOSSES? YES NO *If answered "yes", attach details*

PREMIUM CALCULATION – REFER TO MSM 'INFORMATION & INSTRUCTIONS' FORM

PREMIUM	\$ _____
FEE	\$ _____
TOTAL	\$ _____

PLEASE NOTE: *In accordance with the Illinois Insurance Code it is required that the insured has full knowledge that he is being charged the Inspection/Audit Fee shown above.*

I am aware that the information provided to the Company, has been used for underwriting purposes and is intended to influence the decision to write the insurance coverage. False or misleading answers may cause denial of coverage and/or prosecution. I attest to the fact that there have been no claims for a prior event of this nature. I have read, understand and accept the Coverage, Limits and Exclusions. Please bind coverage.

APPLICANT SIGNATURE _____ DATE _____

APPROVAL _____ BINDER NUMBER _____ DATE _____

Market Access Authorized Signature

LOTTERY PERMIT APPLICATION FORM: *To be validated by Insurance Company the following business day when a "binder number" will be assigned.*

Include payment to "Market Access Corporation" in the form of certified, cashier's check or money order. Cash accepted at Palatine office location (only).

MARKET ACCESS CORPORATION
COVERHOLDER AT LLOYDS LONDON
Phone (847) 221-2100 Fax (847) 221-2520
Email: MSMVendor@marketaccesscorp.com

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VENDOR APPLICATION FORM 2013 – 2014

FOOD NON-FOOD

APPLICANT/VENDOR NAME _____

Individual Partnership Limited Liability Company Other

ADDRESS (PO Boxes Not Accepted) _____

CONTACT NAME _____

CONTACT PHONE _____ EMAIL _____

COVERAGE TERM: 1 Day 1 Mos. 3 Mos. 6 Mos. 9 Mos. INCLUDE PRODUCTS: YES NO

EFFECTIVE DATE _____ WEBSITE (if applicable) _____

DESCRIBE **ALL** OPERATIONS INCLUDING GOOD AND SERVICES _____

_____ Attach supplement, if needed

SALE OF DESIGNER MERCHANDISE? YES NO PRIOR INSURANCE : YES NO *If answered "yes"*

COMPANY? _____ INCIDENTS OR LOSSES? YES NO *If answered "yes", attach details*

PREMIUM CALCULATION – REFER TO MSM 'INFORMATION & INSTRUCTIONS' FORM

PREMIUM \$ _____

FEE \$ _____

TOTAL \$ _____

PLEASE NOTE: In accordance with the Illinois Insurance Code it is required that the insured has full knowledge that he is being charged the Inspection/Audit Fee shown above.

I am aware that the information provided to the Company, has been used for underwriting purposes and is intended to influence the decision to write the insurance coverage. False or misleading answers may cause denial of coverage and/or prosecution. I attest to the fact that there have been no claims for a prior event of this nature. I have read, understand and accept the Coverage, Limits and Exclusions. Please bind coverage.

APPLICANT SIGNATURE _____ DATE _____

APPROVAL _____ BINDER NUMBER _____ DATE _____

Market Access Authorized Signature

Preferred method of contact to send certificate: Email Fax # _____

Include payment to "Market Access Corporation" in the form or certified, cashier's check or money order. Cash accepted at Palatine office location only.

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