



MMD Insurance

INSURANCE REQUIREMENTS

ALL VENDORS AND SUBCONTRACTORS

who have their own insurance.

1. All vendors who have their own insurance must do the following no later than 72 prior to the event. (Please fax the insurance certificate to 916-503-6333 for verification)
 - a. Provide a current certificate of insurance – Insured’s name on the certificate must be the same name on the vendor’s application.
 1. The certificate of insurance must name the following as” **additional insured**”. No certificate will be accepted without naming the three companies listed below; Proof of insurance is not exceptable.

Cow Palace
2600 Geneva Ave
Daly City, Ca 94014

West Coast Cannabis Expo
727 Industrial Road #108
San Carlos, Ca 94070

JMR Expos
727 Industrial Road #108
San Carlos, Ca 94070

- b. MINIMUM POLICY LIMITS: \$1,000,000 OCCURRENCE / \$1,000,000 AGGREGATE

WWW.mmdinsurance.com



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All vendors that do NOT have their own insurance

1. All vendors that do **NOT** have their own insurance or their current insurance carrier will not allow off site coverage, please complete the following no later than 72 hours prior to the event. The total premium for this event insurance policy is \$ 70.00. There will be a late fee added to the insurance premium if this insurance is purchased within 72 hours of the event. The additional fee of \$50.00 will be added as a late fee. The new total will be \$120.00 – **PLEASE GET THIS IN EARLY SO NO LATE FEE IS ADDED.**

- a. Complete the, insurance application and payment form.
- b. Fax to: 916-503-6333
- c. Email to: mike@mmdinsurance.com
- d. Mail to: 2701 Citrus Road Suite C Rancho Cordova, Ca 95742
If mailing: Must be post marketed no later than 72 hours prior to event

2. **Call or email and confirm that we have received or bound coverage**

PH: 888-751-3141

EMAIL: maberle@mmdinsurance.com

Any questions about insurance you may contact your representative at West Coast Cannabis Expo or contact MMD Insurance Directly at 888-751-3141

WWW.mmdinsurance.com



VENDOR INSURANCE

APPLICATION & PAYMENT FORM

WEST COAST CANNABIS EXPO OCT 7-9

PH: 888-751-3141X 4808 - FX: 916-503-4808 - EMAIL: service@mmdinsurance.com

License No. OD44005

Coverage Limits: \$1,000,000 Per Occurrence / \$1,000,000 Aggregate / \$0 Deductible 30-days coverage per policy

Coverage incl: Bodily Injury Liability / Property Damage Liability Personal and Advertising Injury Liability + litigation costs To defend against such claims Host Liquor Liability

Exclusions: Claims by athletic participants, War, Terrorism, Assault and Battery, Sexual Abuse/Molestation, Asbestos, Nuclear Energy, Total Pollution, Fungi or Bacteria, Pyrotechnics, Employment Practices, Lead Liability.

Rate: \$70.00 - Fully Earned and Non-Refundable (includes \$35 non-refundable processing fee)

Late Fee: \$50.00 will be added to your premium IF payment is received on or after 10/05/2011

Payment: Payment can be made by ACH Debit (electronic check) or Credit Card. Please see the attached payment processing form to remit your payment and request coverage for the date and time listed above. For this event, ACH payments will not be accepted after 10/3/2011; only credit card payments will be accepted.

Named Insured / Applicant Information

Company / Organization / Individual: _____

Complete Physical Address: _____

Contact name: _____ Phone # _____

Fax: _____ Email: _____ Office: _____

Event Information

Starting Date of Event: 10/07/2011 Time: 12:01am

Ending Date of Event: 10/10/2011 Time: 12:01am

Event Name: West Coast Cannabis Expo

Location /Address of the Event Cow Palace 2600 Geneva Ave Daly City, Ca 94014

Description of Exhibit:

What do you sell or provide at this event: _____

Has any prior coverage been cancelled or non-renewed? Yes No

If yes, please describe and provide loss history: _____

Name, Address and Relationship of all additional insureds to be added to the policy:

- 1) The Cow Palace 2) West Coast Cannabis Expo 3) JMR Expos
2600 Geneva Ave 727 Industrial Road #108 727 Industrial Road #108
Daly City, Ca 94014 San Carlos, Ca 94070 San Carlos, Ca 94070

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the Statewide Insurance Services, Inc.. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and correct. **I agree and understand that there is NO coverage until I receive written confirmation from Statewide Insurance Services, Inc**

X _____

Authorized Signature

Date:



VENDOR INSURANCE PAYMENT FORM

For

West Coast Cannabis Expo

License No. 0D44005

CREDIT CARD AUTHORIZATION

*****Include copy of the CREDIT CARD you are using*****

I authorize Statewide Insurance Center, Inc. to charge the amount of **\$70.00** to my credit card as indicated below.

Insured's Name/DBA: _____

Name on Card: _____

Card Type: (circle one) Visa MasterCard Discover Amex

Card Number: _____ CVV: _____

Expiration Date: _____ / _____ (MO/YR) Amount: \$ 70.00

Cardholder's **Billing** Address _____ Zip Code _____

By signing below, the cardholder understands that in addition to any minimum earned premiums, the broker fee(s), policy fee(s) and service fee(s) are fully earned and non-refundable.

Cardholder's Signature: _____

Employee Name: _____ Auth# _____

ACH DEBIT AUTHORIZATION

*****Include copy of the CHECK you are using*****

- I authorize Statewide Insurance Services, Inc. to initiate an ACH transaction (electronic debit) from my account indicated at the financial institution listed below.
- Your down payment of **\$70.00** will be electronically debited from your account listed below.
- ACH transactions will be processed and debited from your account immediately.
- No filings or proof of insurance can be issued until the ACH transaction is complete (debit processed and deposited into Statewide's account).
- Any ACH transaction returned for any reason will result in a fee of \$25.00 for each rejected ACH transaction and legal action.
- All coverage will be rescinded in full if ACH transaction is rejected.
- No ACH payments can be accepted for this event after ____/____/____; use Credit Card payment form above.

Name of Banking Institution: _____

Checking Account # _____ Routing # _____

Printed Name: _____

Business DBA: _____

Account Holder's Signature: _____ Date: _____