

SERFF Tracking Number: CAPC-125684312 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: #? \$?  
Company Tracking Number: 08-GL-RA/RU-FO-CW-023  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: INFORMATIONAL RISK PURCHASING  
Project Name/Number: INFORMATIONAL RISK PURCHASING/08-GL-RATE/RULE/FO/CW-023

## Filing at a Glance

Company: Capitol Indemnity Corporation  
Product Name: INFORMATIONAL RISK PURCHASING SERFF Tr Num: CAPC-125684312 State: Arkansas  
TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: #? \$?  
Sub-TOI: 17.2001 Commercial General Liability Co Tr Num: 08-GL-RA/RU-FO-CW-023 State Status: Fees verified and received  
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Edith Roberts  
Author: Lois Beld Disposition Date: 07/16/2008  
Date Submitted: 06/05/2008 Disposition Status: Withdrawn  
Effective Date Requested (New): On Approval Effective Date (New):  
Effective Date Requested (Renewal): On Approval Effective Date (Renewal):  
State Filing Description:  
No fees received .... filing withdrawn.

## General Information

Project Name: INFORMATIONAL RISK PURCHASING Status of Filing in Domicile: Authorized  
Project Number: 08-GL-RATE/RULE/FO/CW-023 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 07/16/2008 Deemer Date:  
State Status Changed: 07/16/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Informational Filing:  
North American Retail Risk Purchasing Group - Push Cart and Flea Market Kiosk Program  
Proposed Effective Date; Upon Approval  
NAIC Company Code: 10472  
Filing Number: 08-GL-RA/RU-FO-CW-023

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The captioned Purchasing Group has designated Capitol Indemnity Corporation as an additional insurer to provide coverage. Please confirm that we are meeting the regulatory requirement of your state by this submission to you.

As members of Insurance Service Organization (ISO) will be using ISO and Proprietary approved rates/rule and forms for this program. Additional forms used with this Purchasing Group included.

We have included in this filing our rate and Underwriting Guidelines PCR 0105 (03-08) KIOSK PROGRAM – PUSH CART AND FLEA MARKET Program.

Thank you in advance for your time and consideration in the filing.

## Company and Contact

### Filing Contact Information

Lois Beld, Senior Product Analyst libeld@capitolindemnity.com  
 PO Box 5900 (608) 829-4215 [Phone]  
 Madison, WI 53705 (608) 829-7402[FAX]

### Filing Company Information

Capitol Indemnity Corporation CoCode: 10472 State of Domicile: Wisconsin  
 PO Box 5900 Group Code: 501 Company Type:  
 Madison, WI 53705 Group Name: State ID Number:  
 (608) 829-4200 ext. [Phone] FEIN Number: 39-0971527  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$0.00	06/05/2008	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Edith Roberts	07/16/2008	07/16/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Edith Roberts	06/12/2008	06/12/2008	Amanda Mullen	07/15/2008	07/15/2008
Industry Response						

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## Disposition

Disposition Date: 07/16/2008

Effective Date (New):

Effective Date (Renewal):

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125684312 State: Arkansas  
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Item Type	Item Name	Item Status	Public Access
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Form	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	Withdrawn	Yes
Rate	Push Cart and Flea Market Kiosk Program	Withdrawn	Yes

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Project Name/Number: INFORMATIONAL RISK PURCHASING/08-GL-RATE/RULE/FO/CW-023

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/12/2008

Submitted Date 06/12/2008

Respond By Date

Dear Lois Beld,

This will acknowledge receipt of the captioned filing.

The \$50 filing fee has not been received. Upon receipt, I will be able to process this filing.

Thanks.

Please feel free to contact me if you have questions.

Sincerely,

Edith Roberts

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/15/2008

Submitted Date 07/15/2008

Dear Edith Roberts,

### Comments:

### Response 1

Comments: Please withdraw this filing. We will re-submit the rates and forms separately, with the correct filing fees.

Thank you.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Sincerely,  
Lois Beld

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 356	03-07	Endorsement/Amendment/Conditions New		0.00	CGL356 (03-07) Commercial GL AI North American RPG .pdf
Withdrawn	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 357	03-07	Endorsement/Amendment/Conditions New		0.00	CGL357 (03-07) Commercial GL AI North American RPG 13r.pdf
Withdrawn	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 358	03-07	Endorsement/Amendment/Conditions New		0.00	CGL358 (03-07) Commercial GL AI North American RPG 22 excluding products.pdf
Withdrawn	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 359	03-07	Endorsement/Amendment/Conditions New		0.00	CGL359 (03-07) Commercial GL AI North American RPG 22.pdf
Withdrawn	MEMBER INSURED - NORTH AMERICAN	CGL 360	03-07	Endorsement/Amendment/Conditions New		0.00	CGL360 (03-07) Commercial GL AI North

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RETAIL RISK  
 PURCHASING  
 GROUP INC

American  
 RPG 24  
 excluding  
 products.pdf

Withdrawn	MEMBER INSURED - NORTH AMERICAN RETAIL RISK PURCHASING GROUP INC	CGL 361	03-07	Endorseme New nt/Amendm ent/Condi ons	0.00	CGL361 (03- 07) Commercial GL AI North American RPG 24.pdf
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PREMIUMS

### SCHEDULE

Additional Insured \_\_\_\_\_

General Aggregate Limit.....\$3,000,000  
Product – Completed Operations Aggregate Limit.....\$Excluded  
Personal & Advertising Injury Limit.....\$1,000,000  
Each Occurrence Limit .....\$1,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit.....  \$5,000 \_\_\_\_\_  
 \$10,000 \_\_\_\_\_

Damage To Premises Rented to You (Any One Premises) Limit  \$500,000 \_\_\_\_\_  
 \$1,000,000 \_\_\_\_\_

Total \_\_\_\_\_

### A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

1. Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words “you” and “your” refer to (1) the named insured and/or (2) each person or organization qualifying as a Member Insured-North American Retail RPG, Inc. in this provision.

2. If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the "bodily injury", "property damage", "personal injury" or "advertising injury".

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

## **B. LIMITS OF INSURANCE**

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an "x" in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an "x" in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following 

### PREMIUMS

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Additional Insured \_\_\_\_\_

General Aggregate Limit.....	\$3,000,000
Product – Completed Operations Aggregate Limit.....	\$3,000,000
Personal & Advertising Injury Limit.....	\$1,000,000
Each Occurrence Limit .....	\$1,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000	_____
	<input type="checkbox"/> \$10,000	_____

Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000	_____
	<input type="checkbox"/> \$1,000,000	_____

Total Premium \_\_\_\_\_

### A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

- Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words “you” and “your” refer to (1) the named insured and/or (2) each person or organization qualifying as a

Member Insured-North American Retail RPG, Inc. in this provision.

- If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the "bodily injury", "property damage", "personal injury" or "advertising injury".

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

## **B. LIMITS OF INSURANCE**

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an "x" in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an "x" in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$2,000,000
Product – Completed Operations Aggregate Limit.....	\$Excluded
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit .....	\$2,000,000
See declarations for other limits unless an entry is shown in the box below	
Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000 _____
	<input type="checkbox"/> \$10,000 _____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000 _____
	<input type="checkbox"/> \$1,000,000 _____
	Total _____

### A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

- Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

Throughout this policy the words "you" and "your" refer to (1) the named insured and/or (2) each person or organization qualifying as a Member Insured-North American Retail RPG, Inc. in this provision.

- If you are designated in the Declarations as:

An association, you are an insured.

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The written contract or agreement must:

- Currently be in effect or become effective during the term of the policy; and

- b. Be executed prior to the “bodily injury”, “property damage”, “personal injury” or “advertising injury”.

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

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The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an “x” in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## MEMBER INSURED – NORTH AMERICAN RETAIL RISK PURCHASING GROUP, INC.

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$2,000,000
Product – Completed Operations Aggregate Limit.....	\$2,000,000
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit .....	\$2,000,000
See declarations for other limits unless an entry is shown in the box below	
Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000 _____
	<input type="checkbox"/> \$10,000 _____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000 _____
	<input type="checkbox"/> \$1,000,000 _____
	Total _____

### A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

- Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

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An association, you are an insured.

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This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$4,000,000
Product – Completed Operations Aggregate Limit.....	\$Excluded
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit .....	\$2,000,000
See declarations for other limits unless an entry is shown in the box below	
Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000 _____
	<input type="checkbox"/> \$10,000 _____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000 _____
	<input type="checkbox"/> \$1,000,000 _____
	Total _____

### A. WHO IS AN INSURED

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This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART	PREMIUMS
Additional Insured	_____
General Aggregate Limit.....	\$4,000,000
Product – Completed Operations Aggregate Limit.....	\$4,000,000
Personal & Advertising Injury Limit.....	\$2,000,000
Each Occurrence Limit .....	\$2,000,000

See declarations for other limits unless an entry is shown in the box below

Medical Expenses (Any One Person) Limit.....	<input type="checkbox"/> \$5,000	_____
	<input type="checkbox"/> \$10,000	_____
Damage To Premises Rented to You (Any One Premises) Limit	<input type="checkbox"/> \$500,000	_____
	<input type="checkbox"/> \$1,000,000	_____
	Total	_____

### A. WHO IS AN INSURED

The following is added to The Commercial General Liability Coverage Part, SECTION II

1. Who is an Insured is amended to include as an insured Members of the North American Retail Risk Purchasing Group if they have applied for and paid the premium(s) for this insurance and have been placed under this policy as evidenced by attachment of form **Member Insured-North American Retail RPG, Inc.** and been issued a certificate of insurance. Coverage for members applies only for the period of time designated on the certificate of insurance. This insurance applies only to the operation of a retail store or sales kiosk at the specific location listed in the certificate of insurance.

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2. If you are designated in the Declarations as:

An association, you are an insured.

Any of your association members listed in the Location Schedule made a part of the policy to which this endorsement is attached are also insureds, but only with respect to their operations as retail storeowners or operators.

Any Manager or Lessors of Premises or organizations that you or your members are required to name as an additional insured under a written contract or agreement and shown in the Schedule above.

The written contract or agreement must:

- a. Currently be in effect or become effective during the term of the policy; and
- b. Be executed prior to the “bodily injury”, “property damage”,

“personal injury” or “advertising injury”.

The insurance provided by this endorsement is limited as follows:

- a. The person or organization is only an Additional Insured with respect to liability arising out of that section of real property you rent, lease or occupy for the purpose of owning or operating a retail store.
- b. The limits of insurance applicable to the Additional Insured are those specified in the written contract or agreement or the limits shown in the Schedule above whichever is less. These limits are included within, and not in addition to, the Limits of Insurance shown in the Declarations.

## **B. LIMITS OF INSURANCE**

The Limits of Insurance shown in the Declarations are replaced by the limits designated above with respects to association members shown in the Location Schedule and described above, and any Additional Insured shown in the Schedule.

The Damage To Premises Rented To You (Any One Premises) Limit is replaced by the limit designated when an “x” in the box shows above for Damage To Premises Rented To You (Any One Premises) Limit.

The Medical Expenses (Any One Person) Limit is replaced by the limit designated when an “x” in the box shows above for Medical Expense (Any One Person) Limit.

This endorsement does not modify any other provision of the policy.

*SERFF Tracking Number:*      *CAPC-125684312*                      *State:*                      *Arkansas*  
*Filing Company:*              *Capitol Indemnity Corporation*                      *State Tracking Number:*      *#? \$?*  
*Company Tracking Number:*      *08-GL-RA/RU-FO-CW-023*  
*TOI:*                      *17.2 Other Liability - Occurrence Only*                      *Sub-TOI:*                      *17.2001 Commercial General Liability*  
*Product Name:*                      *INFORMATIONAL RISK PURCHASING*  
*Project Name/Number:*              *INFORMATIONAL RISK PURCHASING/08-GL-RATE/RULE/FO/CW-023*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125684312 State: Arkansas  
 Filing Company: Capitol Indemnity Corporation State Tracking Number: #? \$?  
 Company Tracking Number: 08-GL-RA/RU-FO-CW-023  
 TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
 Product Name: INFORMATIONAL RISK PURCHASING  
 Project Name/Number: INFORMATIONAL RISK PURCHASING/08-GL-RATE/RULE/FO/CW-023

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Withdrawn	Push Cart and Flea Market Kiosk Program (06-08)	PCR 0105-CW	New	PCR 0105-CW (06-08) CIC KIOSK PROGRAM.pdf

## **Push Cart and Flea Market Kiosk Program**

### **Target Market**

Our “target market” is the Vendors with push carts, kiosks, temporary booths, and inline stores.

The key to writing this class profitably is to underwrite the type of product being sold and the establishment.

### **Eligibility**

- Hair Accessories
- Religious articles
- Cell phones
- Clothing
- Tee Shirts
- Hats
- Sporting Memorabilia
- Bath Items including lotions & oils
- Ant farms
- Stuffed Animals
- Hermit crabs farms
- Vending Massage chairs
- Books
- Games
- Sun Glasses
- Any risk with a mercantile exposure not otherwise prohibited

### **Submit**

- Any risk where a non-food product is manufactured by the insured;
- Any risk desiring products coverage where the product was manufactured outside the United States and the manufacturer does not have assets or US-based distributors, if products coverage is to be provided;
- Any risk applying makeup on a customer.

**Prohibit**

- **Risk with the following products/completed operations exposures:**
  - Alarms/alarm Systems;
  - Fire Fighting Equipment;
  - Tobacco Products;
  - Homemade Toys;
  - Explosives/Flammables;
  - Zoom Copter Toys and/or Flying Toy Demonstrations;
  - Astro Jacks;
  - Other than Foot powered Scooters (IE Electric or Gas Motor Scooters);
  - Children's Furniture;
  - Athletic Equipment and/or Furniture;
  - Clothing for children under 2T (including Sleepwear);
  - Make up not manufactured in the United States;
  - Demonstrations of Beauty Products on Customers by employees (Customer May apply self);
  - Aqua Massage Machines;
  - Massages/Emo Message Machines (Comfort Zone Products are ok but no hands on);
  - Chairs and Couches (No Hand Made Furniture);
  - Security Systems;
  - Self Defense Items or Demonstrations;
- **Risk with the following service exposures:**
  - Tattooing (Needles or Air Brushing);
  - Massages (Hands on);
  - Manicures and Pedicures;
  - Hair Cutting or Styling;
  - Body Piercing;
  - RX Drugs;
- **Risk with the following In-line exposures:**
  - Any inline store larger than 10,000 Square Feet;
  - Any risk selling fine jewelry from a inline stores;
  - Any risk with an entertainment/amusement exposures;
  - Any risk with a food service or restaurant occupancies;

**Required information:**

- Completed Capitol Specialty supplement.



Capitol Indemnity Corporation  
Capitol Specialty Insurance Corporation  
Platte River Insurance Company

**Pricing**

**1 MILLION PER OCC / 3M AGGREGATE**

**Premium**

1 MONTH NON-FOOD	\$70.00
3 MONTH NON-FOOD	\$150.00
12 MONTH NON-FOOD	\$250.00
1 MONTH FOOD/DRINK	\$88.00
3 MONTH FOOD/DRINK	\$188.00
12 MONTH FOOD/DRINK	\$312.00

**ADD LOCATIONS 3 MONTH OR 12 MONTH**

2-4 NON-FOOD	\$125.00
2-4 FOOD/DRINK	\$156.00
5+ NON-FOOD	\$100.00
5+ FOOD/DRINK	\$100.00

**2M PER OCC / 2M AGGREGATE**

1 MONTH NON-FOOD	\$80.00
3 MONTH NON-FOOD	\$200.00
12 MONTH NON-FOOD	\$333.00



Capitol Indemnity Corporation  
 Capitol Specialty Insurance Corporation  
 Platte River Insurance Company

1 MONTH FOOD/DRINK	\$117.00
3 MONTH FOOD/DRINK	\$250.00
12 MONTH FOOD/DRINK	\$415.00

**ADD LOCATIONS**

2-4 NON-FOOD 3 MONTH	\$166.00
2-4 FOOD/DRINK 3 MONTH	\$207.00
2-4 NON-FOOD 12 MONTH	\$166.00
2-4 FOOD/DRINK 12 MONTH	\$207.00
5+ NON-FOOD 3 MONTH OR 12 MONTH	\$133.00
5+ FOOD/DRINK 3MONTH OR 12 MONTH	\$166.00

**2M PER OCC / 4M AGGREGATE**

**Premium**

1 MONTH NON-FOOD	\$116.00
3 MONTH NON-FOOD	\$249.00
12 MONTH NON-FOOD	\$415.00
1 MONTH FOOD/DRINK	\$146.00
3 MONTH FOOD/DRINK	\$312.00
12 MONTH FOOD/DRINK	\$518.00

**ADD LOCATIONS**

2-4 NON-FOOD 3 MONTH OR 12 MONTH	\$208.00
2-4 FOOD/DRINK 3 MONTH OR 12 MONTH	\$259.00
5+ NON-FOOD 3 MONTH OR 12 MONTH	\$166.00
5+ FOOD/DRINK 3MONTH OR 12 MONTH	\$207.00



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**1 MILLION PER OCC / 3M AGGREGATE INLINE**

1 MONTH NON-FOOD	\$90.00
3 MONTH NON-FOOD	\$250.00
12 MONTH NON-FOOD	\$500.00

**2 MILLION PER OCC / 2M AGGREGATE INLINE**

1 MONTH NON-FOOD	\$120.00
3 MONTH NON-FOOD	\$333.00
12 MONTH NON-FOOD	\$665.00

**2M PER OCC / 4M AGGREGATE INLINE**

1 MONTH NON-FOOD	\$149.00
3 MONTH NON-FOOD	\$473.00
12 MONTH NON-FOOD	\$830.00

**ADDITIONAL COVERAGES 5,000 MED PAY / 500,000 FIRE**

1 MONTH NON-FOOD / FOOD	\$10.00
3 MONTH NON-FOOD / FOOD	\$30.00
12 MONTH NON-FOOD / FOOD	\$40.00

**ADDITIONAL COVERAGES 1,000,000 FIRE**

1 MONTH NON-FOOD / FOOD	\$11.00
3 MONTH NON-FOOD / FOOD	\$33.00
12 MONTH NON-FOOD / FOOD	\$44.00



Capitol Indemnity Corporation  
Capitol Specialty Insurance Corporation  
Platte River Insurance Company

**ADDITIONAL COVERAGES 10,000 MED PAY**

1 MONTH NON-FOOD / FOOD	\$15.00
3 MONTH NON-FOOD / FOOD	\$45.00
12 MONTH NON-FOOD / FOOD	\$60.00

SHORT TERM EVENTS UP TO 14 DAYS	\$10.00
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(Coverages must match one of insured location on 3 or 12 month Policy)

**CONTENTS (inland Marine)**

10,000 / 500 DEDUCTIBLE	\$350.00
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LIMIT OF COVERAGE / 1000 DECUTIBLE	1,000 X .0255
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(ie 20000 X .0255 = \$510)