

CLASS II
Vendor Insurance Requirements

PROVIDE THIS DOCUMENT TO YOUR INSURANCE AGENT / COMPANY.

You must carry the following limits:

- General / Products Liability Insurance, on an occurrence basis
 \$2,000,000 Per Occurrence
 \$4,000,000 General and Products Aggregates

These liability insurance limits may be satisfied through a combination of primary General/Products, Umbrella and/or Excess Liability insurance policies.

You must provide a Certificate of Insurance that complies with the following:

- Broad Form Vendors Endorsement (Additional Insured) which names “CINMAR, its direct and indirect parents, subsidiaries, affiliates and assigns” as Additional Insured
- Insurance placed with an insurance company rated by A. M. Best as “A” or better
- Provide 30 days Notice of Cancellation
- Named Insured on the Certificate of Insurance must match the name of the Vendor in the Master Terms & Conditions
- Notation in the description section of the certificate which confirms that the policy/policies cover(s) the Vendor and Vendor’s guests and representatives, products & activities
- Deductibles or Self-Insured Retentions (SIR) may not exceed \$10,000 without prior approval

Send the Certificate, Endorsement and *Claims Contact Information to:

CINMAR LP
Attn: Vendor Compliance Dept.
5566 West Chester Road
West Chester, Ohio 45069

OR

Email: vendorweb@cinmar.com

** Claims Contact Information: Name, title, address, phone & fax numbers and email address of the person(s) assigned by you to respond to product complaints, concerns and claims.*

Note:

- If your product is a service (e.g. financial services, on-line service, etc.) you may be required to provide Professional Liability (Errors & Omissions) insurance of \$1,000,000 per occurrence and \$2,000,000 aggregate.
- You must continue to provide proof of insurance annually for five years from the date Goods are transferred to Cinmar’s Inventory.

Cinmar reserves the right to require higher limits or broader coverage, at any time, based upon individual circumstances (e.g. product recall, loss history). No changes to these requirements are permitted without the express written approval of Cinmar’s QA department.

If you have any questions regarding these requirements, please contact:

Cinmar Vendor Compliance,
E-mail: vendorweb@cinmar.com

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)
05/01/07

PRODUCER ABC Insurance Company	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 Sample Vendor, Inc. 1234 Main St Somewhere, NY 22222	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: "A" Rated Insurance Credit	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL	12345	01/01/07	01/01/08	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				DAMAGES TO RENTED PREMISES (Ea Occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold;"> SAMPLE ONLY!! Minimum Requirements for Class II Vendors GIVE TO INSURANCE AGENT AS A GUIDE ONLY (Do not alter this document in any way) </div>			COMBINED SINGLE LIMIT \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THEN UMBRELLA FORM				PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY:
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EACH ACCIDENT \$ AGGREGATE \$
	OTHER				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Cinmar, its direct and indirect parents, subsidiaries, affiliates and assigns are listed as an additional insured under the Broad Form Vendors Endorsement. This policy/policies cover(s) the Vendor and Vendor's guests and representatives, products & activities.

CERTIFICATE HOLDER	CANCELLATION
Cinmar LP Attn: Vendor Compliance 5566 West Chester Road West Chester, OH 45069	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 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 OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <div style="text-align: center; font-weight: bold;">Signature / Title Required</div>