
INSURANCE REQUIREMENTS

The Sportsman's Guide's certificate of insurance monitoring program is now being provided by CertFocus. We have teamed with CertFocus to automate and streamline a very paper intensive and time consuming portion of our business, insurance certificates. We are excited to offer this new web-based Certificate of Insurance Management System and the advantages it provides to you and your insurance broker. Our office will begin using this system as of January 1st, 2017.

CertFocus Contact Information:

Email: sportsmansguide@certfocus.com **Fax:** 651-571-0015

Requirements:

Vendor will carry Occurrence based product liability coverage of at least Two Million Dollars (2,000,000.00), or higher if applicable. Claims Made coverage is not an adequate level of coverage and will not be accepted. The policy must be written from an insurance company rated acceptably to SG that names SG as an additional named insured and includes a Vendors' Broad Endorsement covering SG with respect to bodily injury or property damage arising out of Vendor's or named insured's products if such products are distributed or sold in the course of business. Vendor shall provide CertFocus with appropriate evidence of SG having been named as an additional named insured and with a copy of Vendor's Broad Endorsement providing coverage to SG. This certificate should be submitted to the CertFocus at least 30 days prior to the ship date on our first purchase order. Vendors outside of North America must obtain expert representation within North America to assist in the event of an insurance claim.

Should Vendor not have adequate insurance as established below or if the Vendor and/or their insurance provider fail to adequately handle product claims in a timely manner, **SG** reserves the right to deduct, set-off, cancel orders, and/or withhold payment.

All renewed certificates should be sent to CertFocus upon expiration of the current policy period.

Please submit a certificate of insurance that meets the following requirements:

- An Occurrence based General Liability policy with minimum limits of \$2,000,000 per Occurrence, \$2,000,000 Prod/CO Aggregate, and \$2,000,000 General Aggregate.

PLEASE NOTE – Claims Made coverage is NOT sufficient.

- General Liability must include Vendors Broad Form Endorsement.
- If your policy limits are less than these requirements, your certificate should include any excess or umbrella policies that extend the general liability limits.
- General Liability must include a waiver of subrogation and indicate as such on the certificate.
- Certificate holder and additional insured must be named as below.
- All deductibles and self-insured retentions must be noted on the certificate.
- All certificates must provide for at least 30 days' notice of cancellation.
- Certificates must bear an authorized signature that is handwritten, mechanically written, or stamped.
- All of the above coverage's must be written by a carrier with a minimum A.M. Best rating of A- or better AND a financial size classification of VIII or higher.
- The certificate should include the following contact information for the insurance producer:

- Phone Number
- Fax Number
- Email Address
- Certificate Holder: (must be EXACTLY as shown below)

The Sportsman's Guide, Inc.
411 Farwell Avenue
South St. Paul, MN 55075

Below is an example of the required insurance certificate.

ACORD ₂₅		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) <i>Creation date</i>		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.						
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER Agency Name, Address Phone Number & Fax			CONTACT NAME: <i>Producer Contact Name</i> PHONE (Inc. No. Ext): <i>Producer Phone Number</i> FAX (Inc. No.): <i>Producer Fax</i> E-MAIL ADDRESS: <i>Producer Email Address</i> PRODUCER CUSTOMER ID #			
INSURED Insured's Name (Alternate name(s) or DBA) Address, Phone, Fax & Email Address			INSURER(S) AFFORDING COVERAGE INSURER A: <i>Carrier Name</i> NAIC # INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:			
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSERT LTR	TYPE OF INSURANCE	AGENCY/INSURER WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS <i>Minimum of:</i>
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/>		<i>Occurrence form Policy Number</i>	<i>Begin date</i>	<i>End date</i>	EACH OCCURRENCE \$ <i>2MM</i> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ <i>1MM</i> GENERAL AGGREGATE \$ <i>2MM</i> PRODUCTS - COMPIOP AGG \$ <i>2MM</i>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> SECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$ \$ \$
	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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe above DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				(WORKERS COMPENSATION LIMITS) EMPLOYER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> The Sportsman's Guide, Inc. is additional insured - vendor broad form which is included in the policy as per attached. Waiver of subrogation applies. </div>						
CERTIFICATE HOLDER			CANCELLATION			
The Sportsman's Guide, Inc. 411 Farwell Avenue South St. Paul, MN 55075			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid red; padding: 2px; display: inline-block;"> Must be signed by the agency here </div>			