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SMA INSURANCE REQUIREMENTS

(For Applicants & Licensees)

OVERVIEW

All SMA Licensees are required to obtain a minimum of \$1 million in general insurance, including product liability and other coverage. Insurance is required to help protect the licensee, the institutions, and SMA in the case of any claims of damages or defects related to the collegiate licensed merchandise as well as other liability claims. All licensees, regardless of products or potential risk, are required to obtain this insurance, and some licensees with higher risk products will be required to obtain additional coverage beyond the \$1 million level (SMA will notify you if this is the case).

PURPOSE OF THIS DOCUMENT

Problems in obtaining the correct product liability insurance are a common reason for delays in the licensing process. The information in this document is provided to reduce the likelihood of delays by helping you to obtain the appropriate insurance in an efficient manner.

Note To Companies Responding To The SMA Application (Phase I)- Please do not purchase insurance until you are notified by SMA that your product and/or application has been approved. This packet is provided early in the process to acquaint you with the insurance requirements that you will need to meet in Phase II of the application process. We strongly encourage you to send the attached document (Insurance Agent Instructions) to your insurance provider so that they can understand the requirements and provide you with an accurate quote prior to Phase II.

Note To Licensees That Have Been Notified Their Insurance Has or Will Soon Expire- You should proceed in securing the required insurance at this time. SMA must receive an updated certificate and endorsement within the time noted in our correspondence to avoid cancellation of your License Agreement.

FINDING A PROVIDER

The vast majority of licensed manufacturers partner with their existing business or personal insurance provider to satisfy SMA's insurance requirements. If this is not an option for you, we recommend that you research insurance providers within your state by searching <http://www.iaaa.org/> or <http://www.jsinsuranceguide.com/> for an insurance agent in your neighborhood or by browsing the phone book. It is important that you select a provider that is licensed in your state as insurance laws vary widely from state to state. We also provide a list of national and regional providers (see attached "Insurance Providers List" document) that may or may not be able to provide coverage for your specific needs and/or within your state. We provide website addresses for these providers as nearly every insurance company provides a convenient "Find An Agent" function on their website.

COMMUNICATING WITH YOUR INSURANCE PROVIDER

Once you are preliminarily approved and enter the second phase of the licensing process, you are required to provide SMA with a copy of the appropriate insurance certificate and additional insured endorsement as outlined in the attached materials. A License Agreement will not be sent until the appropriate insurance is obtained. **The most common mistakes made by insurance providers are using the wrong type of endorsement and not including the correct verbiage on the endorsement.** Please emphasize to your provider the importance of using the exact endorsement type and correct verbiage on the endorsement. Examples of the correct insurance certificate and endorsements are enclosed.

Please forward the attached Insurance Agent Instructions document to your provider. Please note that all product liability insurance must be written exactly as shown in the attached materials. No deviations will be accepted. If your insurance provider refuses to provide the required endorsement and/or verbiage, we recommend that you find an alternative provider. Finding a provider that can meet our requirements should not be difficult as more than 2,500 licensed manufacturers are currently insured according to industry requirements with our office and with other licensing agencies.

ANSWERS TO YOUR INSURANCE QUESTIONS

If you should have any questions about the required insurance, please visit www.smaworks.com to access our extensive FAQ system regarding insurance requirements for applicants. You may also send your insurance provider to the "Insurance Information" subsection of [smaworks.com](http://www.smaworks.com) (located under the "Apply For License" tab on the "Licensing" page). Addressing your insurance needs early in the process may significantly speed up the licensing or renewal process. If after using these resources you still have insurance questions, please email our staff at questions@smaworks.com.



STRATEGIC **MARKETING** AFFILIATES

INSURANCE PROVIDERS LIST

The following insurance providers are provided only as suggestions for interested applicants/licensees. They include companies that already provide coverage for existing SMA licensees and those that SMA has communicated with regarding SMA's insurance requirements. Because insurance licensing, laws, and coverage vary significantly from state to state, the list may not contain a provider that will be able to provide your company with the required coverage. We recommend that you obtain quotes from more than one provider before identifying a partner provider and proceeding with the insurance acquisition process.

This list contains direct contact information for actual insurance providers. Some of the companies have "captive" agents, those that only sell coverage for their company, while others have partnered with independent insurance representatives in their territories. If you prefer to work with an independent insurance agent or broker, we recommend that you visit www.iiiaa.org to search for an independent insurance representative in your area. Independent agents usually represent more than one insurance provider and may be able to offer more choice and better pricing. Insurance company website addresses are also provided as most insurance companies provide useful "Find An Agent" functions.

<u>PROVIDER</u>	<u>PHONE</u>	<u>WEBSITE</u>	<u>BASED</u>	<u>TERRITORY-Midwest/Northeast/South/West</u>
Acuity	920-458-9131	www.acuity.com	WI	13 States- M
Allied General/Fremont	800-532-1436	www.alliedinsurance.com	IA	25 States- M, S, W
Allstate	800-255-7828	www.allstate.com	IL	National
Safeco (parent American States)	888-458-2246	www.safeco.com	WA	National
Amerisure Companies	800-257-1900	www.amerisure.com	MI	9 States- M, S
Arch Specialty	212-651-6500	www.archinsurance.com	NY	National
Atlantic Mutual Insurance Co.	212-943-1800	www.atlanticmutual.com	NY	21 States- M, N, S, W
Auto-Owners	517-323-1200	www.auto-owners.com	MI	23 States- M, S, W
Cincinnati Insurance Company	513-870-2280	www.cinfin.com	OH	32 States- M, N, S, W
Clarendon Nat.	212-805-9700	www.clarendon-ins.com	NY	
Colony	800-577-6614	www.colonyins.com	VA	4 States- S, W
Continental Western Group	877-643-0219	www.cwgin.com	IA	18 States- M, W
Erie Insurance	800-458-0811	www.erie-insurance.com	PA	12 States- M, N, S
Farmers Insurance	208-239-8400	www.farmers.com	CA	National
CHUBB (Federal Insurance Co.)	908-903-2000	www.chubb.com	NY	National
General Casualty (Southern Gnty)	800-362-5448	www.gencas.com	WI	25 States- M, N
Hartford (Twin City Fire is sub.)	860-547-5400	www.thehartford.com	CT	National
Harleysville	800-523-6344	www.harleysvillegroup.com	PA	32 States- M, N, S
Lexington (AIG)	617-330-1100	www.lexingtoninsurance.com	MA	
Liberty Mutual	617-357-9500	www.libertymutual.com	MA	National
Merchants	888-280-7920	www.merchantsgroup.com	NH	13 States- N
MMG	800-343-0533	www.mainemutual.com	ME	3 States- N
Mutual Benefit	800-283-3531	www.mutualbenefitgroup.com	PA	3 States- M, N
Nationwide (Mutual)	877-669-6877	www.nationwide.com	OH	National
Nautilus (Berkley)	480-951-0905	www.nautilusgroup.com	AZ	National
Northern	800-371-9325	www.northerninsurance.com	NM	NM
Liberty Northwest (Liberty Mut.)	503-239-5800	www.libertynorthwest.com	OR	5 States - W
Oregon Mutual	800-888-2141	www.ormutual.com	OR	4 States - W
Peerless (Liberty Mutual)	800-542-5385	www.peerless-ins.com	NH	9 States - N
Pekin	309-346-1161	www.pekininsurance.com	IL	4 States - M
Penn America (United America)	215-443-3600	www.penn-america.com	PA	National
Scottsdale (Nationwide Mutual)	800-423-7675	www.scottsdaleins.com	AZ	National
Selective	800-777-9656	www.selectiveinsurance.com	NJ	20 States - M, N, S
Shenandoah	800-848-5433	www.shenlife.com	VA	32 States - M, N, S
Southern Guaranty (Gen. Caslty)	800-633-5606	www.sgic.com	AL	10 States - M, S
St Paul Travelers	800-787-2851	www.stpaultravelers.com	MN	National
State Auto	800-444-9950	www.stateauto.com	OH	26 States - M, N, S, W
State Farm	800-732-5246	www.statefarm.com	IL	National
CNA (Transcontinental)	800-303-9744	www.cna.com	IL	National
United Fire & Casualty	800-553-7937	www.unitedfiregroup.com	IA	41 States- M, N, S, W
USF&G (sub of St Paul Travlrs.)	410-779-1219	www.fgspecialty.com	MD	15 States - M, S, W
Westfield Insurance	800-243-0210	www.westfieldgrp.com	OH	17 States- M, N, S, W
Western Heritage	800-873-9442	www.westernheritageins.com	AZ	National
Zurich USA	800-382-2150	www.zurichna.com	IL	National



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INSURANCE AGENT INSTRUCTIONS

(Applicants/licensees must send this document to their insurance provider.)

OVERVIEW

Strategic Marketing Affiliates (SMA) is the authorized licensing representative for more than 50 colleges and universities, conferences, and professional organizations. As the exclusive licensing representative for these collegiate properties, SMA grants a license to manufacturers to produce and distribute merchandise incorporating the trademarks of SMA institutions upon approval by the institutions. Each manufacturer requesting a license must obtain general insurance coverage, including product liability and other coverages, and maintain coverage during the term of the License Agreement. SMA recommends that the required coverage be obtained for a term of one year.

THE NEED FOR AN EXACT RESPONSE

Inaccurate insurance submission is the top reason for delays in the licensing process. SMA has consulted extensively with experts in the industry to determine exact insurance specifications that must be met. **In the spirit of protecting the interests of our client institutions, SMA is unable to accept alternative certificates, types of endorsement forms, and/or language than what is presented in the section below.** As such, it is extremely important that you pay close attention to the requirements and provide your client (and SMA) with the exact certificate, endorsement types, and associated language to avoid delaying the licensing process for your client.

INSURANCE REQUIREMENTS

1. A Certificate of Insurance must be provided to SMA, as a binder is not sufficient to meet SMA's insurance requirements.
2. On the certificate, the licensee's name must appear under "Insured." It may be listed as an "a.k.a." or "d.b.a."
3. A policy number and effective dates must be included on the certificate.
4. The certificate must be marked for Commercial General Liability coverage. The certificate must also be marked for the following:
 - a. Product liability (\$1,000,000)
 - b. Contractual Liability (\$1,000,000)
 - c. Personal & Advertising Injury (\$1,000,000)
 - d. \$1,000,000 of coverage for Each Occurrence (Claims made policies are not accepted).
5. The "Description" area on the face of the certificate must include the following statement:

"Additional Insured: Strategic Marketing Affiliates ("SMA") all in accord with (insert applicable endorsement form number here, either a Grantor of License endorsement or a Designated Person or Organization endorsement), as modified and attached, hereto."

(If your carrier uses Insurance Services Office (ISO) forms, the correct Grantor of License endorsement number is CG 20 36 10 01 and the correct Designated Person or Organization endorsement is CG 20 26 11 85 or CG 20 26 07 04. If you don't use ISO forms, you must use a Grantor of License or Designated Person or Organization equivalent. Please be sure to include the equivalent endorsement form number in the Description area of the certificate.)

6. A Grantor of License endorsement form (ISO form CG 20 36 10 01) or a Designated Person or Organization endorsement form (ISO form CG 20 26 11 85 or CG 20 26 07 04) must be signed by the agent (if applicable) and attached to the insurance certificate (it is not acceptable to include the endorsement language in the Description section of the certificate). **SMA will only accept a Designated Person or Organization or Grantor of License endorsement. SMA will not accept a Vendors endorsement, Grantor of Franchise endorsement, or Owners, Lessees, or Contractors endorsements.** The contractual relationship between SMA and the licensee does not fall within the parameters defined by these endorsement types. If your company does not use ISO forms, SMA will accept comparable forms as long as they are Grantor of License or Designated Person or Organization endorsements or equivalents.

7. The language of the additional insured endorsement must read exactly as follows:

Name of Person or Organization

Strategic Marketing Affiliates, Inc. ("SMA"), all institutions represented by SMA for which insured is licensed, and their respective officers, agents and employees.

8. The certificate holder must be listed exactly as follows:

Strategic Marketing Affiliates, Inc.
Pan American Plaza
201 South Capitol, Suite 520
Indianapolis, IN 46225

9. The policy number(s) must be included on the additional insured endorsement. We also recommend that the insureds name be included somewhere on the endorsement form if possible.

NEXT STEPS

Your client may have sent this information to you during what is called Phase I of the application process in order to determine if you could provide the required coverage and/or to obtain a quote. It is very important that you do **NOT** proceed in providing the insurance until your client is notified by SMA that their application is approved (which occurs during Phase II of the application process). If your client is within Phase II of the licensing process or is an existing licensee in the process of renewing coverage, please proceed in providing the required insurance certificate and endorsement at this time. Please communicate directly with your client to determine when you should proceed in actually issuing the required certificate and endorsement. Your client will not be granted a license until the appropriate insurance certificate and additional insured endorsement, meeting all of the requirements noted above, are received by SMA.

WHERE SHOULD THE CERTIFICATE AND ENDORSEMENT BE SENT?

Once your client requests that you issue the coverage, you should provide copies of the certificate and endorsement form to both SMA and to your client. To expedite processing, SMA recommends faxing the information directly to our office to the attention of "Insurance." The fax must include a cover sheet that indicates the name of your company and the name of your client. If possible, we also recommend that you include your client's name and policy number on the certificate and the endorsement form, so that SMA can connect your document submissions with the correct company.

Strategic Marketing Affiliates, Inc.
Attention: Insurance
Pan American Plaza
201 S. Capitol Avenue, Suite 520
Indianapolis, IN 46225
Fax 317-829-5696

FINDING ANSWERS TO YOUR QUESTIONS

To access additional information for insurance providers, please visit www.smaworks.com and click on the "Licensing" tab and link to the "Apply For License" subsection. In addition, attached to this document we have provided examples of correct insurance certificates and additional insured endorsement forms. If you cannot find answers to your questions using these resources, please email your questions to SMA's insurance processors at questions@smaworks.com. Please be sure to include the name of your client in the body of the email.

This certificate is provided as an example. Many certificates may differ from this sample, but the language should be mostly similar or identical to what is provided below. The provided requirements and notations apply to all certificate forms.

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFRERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER

AGENT'S NAME & ADDRESS

Your agency name and address should be placed in this section.

INSURED

LICENSEE'S NAME & ADDRESS

Your client's licensed name (on record with SMA) and address should be placed in this section. If necessary, the licensee may be listed as an AKA or a DBA.

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER A
- COMPANY LETTER B
- COMPANY LETTER C
- COMPANY LETTER D
- COMPANY LETTER E

Be sure to include an updated issue date.

Please list all carriers providing coverage in this section.

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 CONDINTION 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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	XXX	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE \$1,000,000
	OWNER'S & CONTRACTOR'S PROT.				PRODUCTS-COMP/OP AGG. \$1,000,000
	<input checked="" type="checkbox"/> PRODUCTS LIABILITY				PERSONAL & ADV. INJURY \$1,000,000
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY				EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one person)
					MED. EXPENSE (Any one person)
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	COMBINED SINGLE LIMIT				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE- POLICY LIMIT \$
					DISEASE- EACH EMPLOYEE \$

You must include the policy number for the provided coverage here.

Effective dates must be included. SMA recommends that the term of the coverage be one year.

Coverage must be provided for each occurrence. Claims made policies are not accepted.

Please ensure that all indicated coverages meet or exceed \$1,000,000.

The Certificate must be marked for Commercial General Liability.



If your carrier uses Insurance Services Office (ISO) forms, please use Grantor of License form number CG 20 36 10 01, or Designated Person or Organization form number CG 20 26 11 85 or CG 20 26 07 04. If your company does not use ISO forms, please use a Grantor of License or Designated Person or Organization equivalent form. BE SURE TO INCLUDE THE FORM NUMBER IN THE DESCRIPTION SECTION BELOW.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Additional Insured: Strategic Marketing Affiliates ("SMA") all in accord with (insert applicable endorsement form number here, either a Grantor of License endorsement or a Designated Person or Organization endorsement), as modified and attached, hereto.

CERTIFICATE HOLDER

Strategic Marketing Affiliates
Pan American Plaza
201 S. Capitol, Suite 520
Indianapolis, IN 46225

SMA must be listed as the Certificate Holder exactly as shown here.

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

An authorized representative of the insurance agency must sign here.

Please include the required endorsement form as an attachment. DO NOT include the required endorsement language in the Description section above.

SMA SAMPLE ENDORSEMENT FORM

For the purposes of this sample we have used Insurance Services Office (ISO) Grantor of License form CG 20 36 10 01. While we prefer the Grantor of License, we also accept ISO Designated Person or Organization form numbers CG 20 26 11 85 or CG 20 26 07 04 and non-ISO forms as long as they are Grantor of License or Designated Person or Organization equivalents. The requirements notated in blue below apply to all ISO and equivalent forms.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

Your client's insurance policy number should be included somewhere on the endorsement form. We also recommend that you include the insureds name somewhere on the document such as at the bottom or top of the document.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - GRANTOR OF LICENSES

SMA DOES NOT ACCEPT THE FOLLOWING ENDORSEMENT TYPES: VENDORS, LESSEES, GRANTOR OF FRANCHISE, OWNERS, OR CONTRACTORS.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Inexact endorsement language is one of the most prevalent problems among unaccepted endorsements submitted to SMA. Please be sure to include this language on your endorsement exactly as shown here.

Strategic Marketing Affiliates ("SMA"), all institutions represented by SMA for which insured is licensed, and their respective officers, agents and employees.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

(Section II) - WHO IS INSURED is amended to include as an insured the person(s) or organization(s) shown in the Schedule, but only with respect to their liability as grantor of license to you.

Insurance agents should signature and date the endorsement if the endorsement form being used includes these fields (some do not).

Authorized Insurance Agent Signature: _____

Date: _____

If applicable, the endorsement form number should be included somewhere on the endorsement. It is usually, but not always, placed at the bottom left of the endorsement form. However, any location on the endorsement is acceptable.

Other information that is acceptable and may be included on the endorsement form without consequence includes: Endorsement Issue Date, Policy Effective Date, and Insurer/Carrier Company Name.