



Special Events Webinar Web Quote, Pay & Bind

Co-Hosted by: Braishfield and USLI

We are SUPER PUMPED that you are here!!

USLI Web Pay and Bind Advantages

- ▶ Quote, pay and bind coverage in minutes
- ▶ Great for last minute coverage requests
- ▶ 24/7 accessibility
- ▶ Support available via web chat

Fast and easy!

Leveraging Instant Quote on the Web



- ▶ Quote online at www.Braishfield.com
- ▶ When you are quoting online, you can web chat with one of our Instant Quote underwriters to resolve system questions or underwriting submit issues



888-335-6616 service@braishfield.com



Start a Quote



Become a Partner Agent Products Quotes Agency Services About Contact

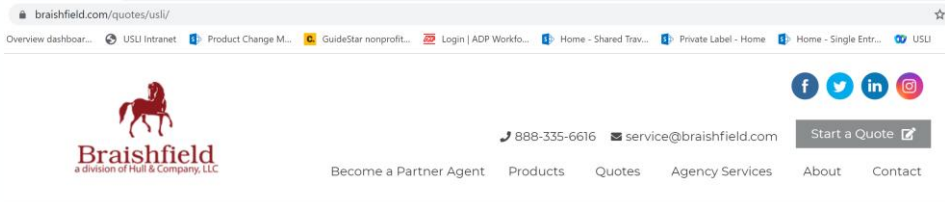
New market fo

Instant phone quotes

Get an instant quote over the phone for 150+ eligible classes with USLI

Learn More





USU is an online rater where you can quote and bind Commercial Lines, Personal Lines, Non-Profit Package, Professional Liability and Specialty Products online or by phone.



Quote Now →

Create A Login →

Carrier Benefits

- ✓ A++ A.M. Best Rated Carrier
- ✓ Call (888) 845-1729 or Quote Online 24/7
- ✓ Underwriters are available Monday-Friday 7am to 8pm and Saturdays 9am to 1pm ET



QUOTE NOW

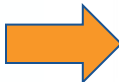
Most products are available for quoting 24/7 online by selecting from the below categories. Additional products may be available by phone quote. Call for more details.

Quick Search:

Enter a classification description or numeric class code.

Eligible Products will be listed below by category.

Commercial		
1-4 Family Dwellings (Commercial Lines)	Apartments	Artisan / Trade Contractors
Beauty Parlor / Nail Salon / Barber Shop	Beer, Wine, and Liquor Stores	Builder's Risk
Clothing Store	Commercial Umbrella/Excess Liability	Concessionaires / Vendors
Contractors' Equipment	Convenience Stores / Delicatessens/Grocery	Electronic Store
Fitness Centers	Home Based Business	Inland Marine Select
Janitorial Services	Laundromats	Lawn Care
Lessor's Risk Only	Main Street Mercantile	Residential Condominium Unit Owners
Special Events	Specialty Educators, Trainers, and Instructors	The Office
Truckers	Vacant Building	Vacant Land
Hospitality and Liquor		
Non Profit Package		
Personal		
Professional		



LOGIN

New Customer

Create an account today!

Returning Customer

Login ID
(Usually Your Email Address)

Password

[Forgot Your Password or Login ID](#)



Need help?
**START
CHATting >>**

Multi-Line Quoting - Special Events

TEST 123-4567

[Logout](#) [New Instant Quote](#)

[Edit Profile](#)

[Search for a Quote](#)

Applicant Name	TEST Special Event
What is the applicant entity type?	Individual ▼
What is the applicant's role in the event?	Host ▼
State	PA - Pennsylvania ▼
Select the Lines of Business to Quote	<input checked="" type="checkbox"/> General Liability <input checked="" type="checkbox"/> Liquor Liability
Start date of event	10/1/19
End date of event (If one day event, end date should be the same as start date. Quote includes coverage for events continuing past 12:00 AM)	10/1/19

Event Description:

Full description of event including details on all activities taking place

Party

[<< Back](#)

[Continue >>](#)



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Multi-Line Quoting - Special Events

TEST 123-4567

Logout New Instant Quote

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Search for a Quote

Classification Selection

Search

[List](#)

Miscellaneous - Party Buses (applicant is the host of the event)

Party / Social Event - Anniversary / Birthday Party (applicant is the host of the event)

Party / Social Event - Baby Shower / Bridal Shower (applicant is the host of the event)

Party / Social Event - Bachelor Party / Bachelorette Party (applicant is the host of the event)

Need help?
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TEST 123-4567

Logout New Instant Quote

Edit Profile Search for a Quote

Classification Selection

Search Party / Social Event - Cocktail Party / Dinne [List](#)

<< Back Continue >>

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Chat Now No Thanks



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Multi-Line Quoting - Special Events

TEST 123-4567

Logout New Instant Quote

Edit Profile

Search for a Quote

Location address of the event

Street Address	<input type="text" value="123 Main Street"/>
Zip Code	<input type="text" value="19087"/>
State	<input type="text" value="PA - Pennsylvania"/>
City	<input type="text" value="Chesterbrook"/>

Special Events

Cocktail Party / Dinner Dance

Number of attendees per day	<input type="text" value="75"/>
Number of consumers of alcohol per day	<input type="text" value="75"/>
For this event, is the applicant acting in the capacity of a hired caterer or bartender?	<input type="text" value="No"/>
Is the applicant an individual or business that regularly sells, serves or furnishes alcohol?	<input type="text" value="No"/>
Will the event end by 2 AM?	<input type="text" value="Yes"/>
Is the applicant the sole vendor/server of alcohol at the event?	<input type="text" value="No"/>
Do all participating vendors carry Liquor Liability limits equal to or greater than our applicant?	<input type="text" value="Yes"/>

<< Back

Continue >>



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Multi-Line Quoting - Special Events

TEST 123-4567

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Additional Insured

Additional Insured - Blanket is included at no additional charge.

Add Additional Insured - Designated Person? Yes No

Add Additional Insured - Lessor of Leased Equipment? Yes No

Add Additional Insured - Managers of Premises? Yes No

Add Additional Insured - Property Owner or Lessors of Premises? Yes No

Add Primary and Non-Contributory - Owners or Lessors of Premises? Yes No

Add Primary and Non-Contributory - Written Contract? Yes No

Add Waiver of Transfer of Rights of Recovery Against Others to Us? Yes No

Optional Coverages

Add Rain Date Coverage? Yes No

Add Set-up and/or Take-down Coverage? Yes No

[<< Back](#)

[Continue >>](#)

Please note the following:

- Binding order must be received prior to the start of the event or no coverage will be provided.

Summary	
Continue to Bind Online	
Quote Information	Click Below to:
Quote Number MSE019L03T9	<ul style="list-style-type: none"> • View/Print PDF Quote Letter (Optional) • Printable Version of Quote Summary • Email Full PDF Quote Letter (optional) • Verify Your Info • Enter mailing address
Insuring Carrier United States Liability Insurance Company Admitted	Edit Quote Options
Applicant TEST Special Event	Add/Edit Location Options
State PA	Line of Business Options
Policy Term 10/01/2019 to 10/03/2019	
Entry Date 8/12/2019	

Limits of Liability Occurrence/ Aggregate	General Liability Premium	Liquor Liability Premium
\$500,000/\$500,000	\$164	\$37
\$500,000/\$1,000,000	\$168	\$40
\$1,000,000/\$1,000,000	\$191	\$44
\$1,000,000/\$2,000,000	\$195	\$50
\$1,000,000/\$3,000,000	\$197	\$51

Additional Quote Information

Policy Minimum Premium: \$195

Personal & Advertising Injury: Same as the Occurrence Limit

Products Aggregate: See L-535

Damages to Premises Rented: \$100,000

Medical Payments: \$1,000

Refer to Covered Events section for event dates covered

Policy Period is 10/1/2019 to 10/3/2019

Pricing is contingent upon both GL & Liquor coverage being chosen

Endorsements

Special Events Gen Liab. Endorsements

Quote - MSE019L03T9 Insured - TEST Special Event

Please review the quote information and continue to Bind.

If any of the above quote information is not correct, please [Edit Quote](#)

Back

Continue

Quote - MSE019L03T9 Insured - TEST Special Event

Policy Options	
The inception date must be today or later. Any prior date must be submitted to the Home Office for Review.	
Inception Date *	10/01/2019
Expiration Date *	10/03/2019
Terrorism	Declined w/ TRIADN ▼
General Liability Limit	\$1,000,000/\$3,000,000 ▼
Liquor Liability Limit	\$1,000,000/\$3,000,000 ▼
Rain Date Coverage	Not Covered ▼
Banner Coverage	Not Covered ▼
Number of Additional Insureds	0

* - Required Fields

Address of Location 1	
Street *	123 Main Street
City *	Chesterbrook
State/Province/Region *	PA
Zip/Postal Code *	19087

* - Required Fields

Back

Continue

Quote - MSE019L03T9 Insured - TEST Special Event

Account Information

DBA	<input type="text"/>
Web Site	<input type="text"/>
Insured Email	<input type="text"/>
PA Trans #	<input type="text"/>

Mailing Address

Mailing Address Same as Risk Address	<input type="checkbox"/>
Street *	1190 Devon Park Drive <input type="text"/>
City *	Chesterbrook <input type="text"/>
State/Province/Region *	Pennsylvania ▼
Zip/Postal Code *	19087 <input type="text"/>
Country *	United States ▼

* - Required Fields

Retailer Information

Retailer Name	TEST Retail Agent <input type="text"/>
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* - Required Fields

Fees

Wholesaler Broker Fee	\$0.00
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[Back](#)[Continue](#)[Save & Return Later](#)

Review Policy Information

Insured - TEST Special Event

Coverage will not be bound until you confirm the below information is accurate and select "Pay Now" below. Please use the "Back" button to make any corrections.

Premium and Additional Costs

Premium: \$248.00

Insured Information

Name: TEST Special Event Email:
Entity: Individual Web Site:

Policy Information

Inception Date: 10/01/2019 Expiration Date: 10/03/2019

Commercial General Liability

Limits of Insurance

Description	Amount
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense Limit (Any One Person)	\$1,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	See L-535
General Aggregate Limit	\$3,000,000

Location of All Premises You Own, Rent or Occupy

Loc.	Street	City	State/Province/Region	Zip/Postal Code	Territory
1	123 Main Street	Chesterbrook	PA	19087	007

Liquor Liability

Limits of Insurance

Description	Amount
Liquor Each Common Cause Limit	\$1,000,000

L-609 02/11	Animal Exclusion
L-610 11/04	Expanded Definition Of Bodily Injury
L-616 11/09	Host/Special Event Coverage Form Change Endorsement
L-656 02/06	Extension Of Coverage - Committee Members
L-820 12/18	Special Events Blanket Additional Insured Endorsement
LLQ101 08/06	Expanded Definition Of Employee
LLQ368 08/10	Separation Of Insureds Clarification Endorsement
SPE 300 05/09	Special Events Property Damage Amendment
SPE 312 03/15	Who Is An Insured
TRIADN 02/15	Policyholder Disclosure Notice of Terrorism Insurance Coverage
ME Jacket 09/10	The Main Event Special Event Commercial Liability Policy Jacket
CG0001 12/07	Commercial General Liability Coverage Form
CG0068 05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2107 05/14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
CG2109 06/15	Exclusion - Unmanned Aircraft
CG2136 03/05	Exclusion - New Entities
CG2139 10/93	Contractual Liability Limitation
CG2144 07/98	Limitation Of Coverage To Designated Premises Or Project
CG2147 12/07	Employment-Related Practices Exclusion
L 535 03/15	Exclusion - Products-Completed Operations Hazard Other Than Food Or Beverage Products
L-387 03/06	Exclusion - Mechanical Rides
L-423 02/11	Exclusion For Structure Collapse
L-536 09/09	Exclusion - Participation In Athletic Activity, Physical Activity Or Sports
L-599 10/12	Absolute Exclusion for Pollution, Organic Pathogen, Silica, Asbestos and Lead with a Hostile Fire Exception
L-686 10/12	Absolute Exclusion for Liquor and Other Related Liability
Notice-Unmanned Aircraft-GL 05/16	Advisory Notice To Policyholders
CG0033 12/07	Liquor Liability Coverage Form
CG2406 04/13	Liquor Liability - Bring Your Own Alcohol Establishments
L-657 01/11	Absolute Pollution Exclusion - Liability
LQ-202 12/11	Assault Or Battery Exclusion
LQ-352 09/08	Event Vendor - Other Insurance
LQ-354 10/09	Limitation Of Coverage To Insured Premises

[Back](#)

[Pay Now](#)



Enter Payment Details

Description

To make your payment, please fill in all the required fields. Once all the fields are complete press 'Continue' to move to the next step in the payment process.

Credit/Debit Card

ACH/Bank Account

Accepted Cards:



Payment Amount:

\$248.00

Card Number (no spaces or dashes):

Card Holder Name (only letters and numbers):

Email:

CVV/CVC Number:

Expiration Date:

 / (mm/yyyy)

Card Holder Zip/Postal Code:

Do you want to process the payment as a Debit card?

* - Required field

Continue

Cancel

Review Payment Details

If all your payment details are correct, press the "Make Payment and Bind" button to complete the transaction.

Payment Details

Payment Date:	5/15/2018
Payment Amount:	\$397.00
Card Number:	*****
Card Holder Name:	Test Money
CVV Number:	9999
Expiration Date:	1/2019
Card Holder Zip/Postal Code:	11111
Email:	jrhoads@usli.com

[Make Payment and Bind](#)[Back](#)[Cancel](#)

Payment Confirmation

Click "Continue" to view and print your proof of insurance.

Payment Details

Your payment has been processed successfully. Thank you! This transaction will be shown as U.S. Liability Insurance on your card's statement.

An email confirmation has been sent to jrhoads@usli.com for your records. You may also want to print this screen and retain it for your records.

Payment Amount: \$397.00
Pay By: VISA *****1111
Payment Date: 5/15/2018
Your confirmation number is: tst053

Continue

Print

Policy - CL 1922878 Insured - TEST Special Event

Coverage has been bound. Proof of Insurance can be printed below.



[View and Print Proof of Insurance](#)

Full policy will be delivered to you shortly.

Premium and Additional Costs	
Premium:	\$248.00

Thank you for your business.

NEW

Renewal of Number

United States Liability Insurance Company

1190 Devon Park Drive, Wayne, Pennsylvania 19087

A Member Company of United States Liability Insurance Group

Direct Bill Policy

POLICY DECLARATIONS

No. CL 1922878

NAMED INSURED AND ADDRESS:

TEST SPECIAL EVENT

1190 DEVON PARK DRIVE

CHESTERBROOK, PA 19087

POLICY PERIOD: (MO. DAY YR.) From: 10/01/2019 To: 10/03/2019

12:01 A.M. STANDARD TIME AT YOUR
MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Individual

BUSINESS DESCRIPTION: Special Event

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE
WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED.

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Liability Coverage Part	\$197.00
Liquor Liability Coverage Part	\$51.00

TOTAL: \$248.00

USLI Web Pay and Bind Eligibility

- ▶ Special events only
- ▶ Quotes must originate on the web
- ▶ Admitted quotes only:
 - ▶ Not located in FL, VT, WA
 - ▶ No more than 5,000 attendees/consumers per day
 - ▶ No fireworks or mechanical rides exposures
 - ▶ No concerts, motor vehicle events, festivals, parades, rodeos
- ▶ All prior to bind requirements must be satisfied
- ▶ Full premium payment is required in order to complete the binding process online

Any quotes that do not meet the above eligibility requirements will follow the traditional binding process.

Questions?

ANY QUESTIONS??



Moving Forward

- ▶ Thank you for your time
- ▶ Quote online at www.Braishfield.com
- ▶ Contact me for more information:

John Barfield, jbarfield@Braishfield.com

Office number: 888-335-6616

Connect with me via **LinkedIn**. [linkedin.com/in/therealjohnbarfield](https://www.linkedin.com/in/therealjohnbarfield)

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