

Principal(s) Name(s): _____

Business Name: _____

Business Type: Sole Proprietor Partnership Corporation LLC Other: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone #: _____ Mobile Phone #: _____

Email: _____

Web Address: _____ Year Business/Shows Started: _____

LIST OF SHOWS TO BE COVERED: If more room is needed, please attach a list or another copy of this form.

Show #	Show Location	Show Dates	Estimated Attendance	# of Dealers	Name & Address of Additional Insured

- Do you charge admission at the show(s)? Yes No
- Do you provide any food service at the show(s)? Yes No
If yes: is the food service: Owned by you Provided by the show facility Contracted to a 3rd party
If contracted to a 3rd party: who? _____
- Do you provide security at the show(s)? Yes No
If yes: describe the security and what times they are used: _____
- Do you provide set up workers at the show(s)? Yes No
If yes, who pays them? _____
- Do you promote any other activities at the show? (i.e. speakers, meetings, auctions, etc...) Yes No
If yes, please describe: _____
- Have you or any business principal filed for bankruptcy within the last 7 years? Yes No
If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION

7. Have you or any business principal ever been convicted of a felony? Yes No

If yes: you must complete the following:

DATE	DESCRIPTION

8. Has any company cancelled, non-renewed, or refused insurance coverage for your business? Yes No

If yes: you must complete the following:

DATE	DESCRIPTION

9. Have you or any business principal filed any insurance claims within the last 5 years? Yes No

If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

10. How would you like your quote/policy sent to you? Email Mail

Two ways to do the policy, please choose one:

- Per Show** – The premium must be paid prior to the show so that the certificate of coverage can be issued prior to the show.
- Annual Policy** – An annual policy covering all your shows, office and business operations with show attendance estimated.

OPTIONAL LIABILITY COVERAGES

- Add my show dealers as additional insureds on a blanket basis to this coverage.
- Add liability for an office and general operation under this policy. *(Only available on an annual policy)*
What is the address? _____
- Add a Waiver of Subrogation in favor of the Additional Insured.

Do you agree to the following Warranty below? Yes No

Warranty:

I agree the answers given on this application are true and accurate and that this application does **NOT** constitute a binder. All questions **MUST** be answered before the application is accepted and a quote is provided. If accepted, coverage will be effective the day after approved by the Underwriter or later requested date. The above signed represents and warrants that he/she is an authorized representative of the Applicant, and further represents and warrants that reasonable inquiry has been made to obtain the answers to the questions on this application. He/she further represents and warrants that the answers given above are true, correct, and complete to the best of applicant's knowledge. He/she further understands the application becomes a part of policy and the insurer has relied upon the answers given above in extending the quote, and, if applicable, issuing the policy of insurance. I agree that any intentional concealment, misrepresentation of a material fact concerning this insurance, or the subject thereof may void any policy issued.

Date: _____

Signature: _____