



VENDOR/EXHIBITOR INSURANCE APPLICATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Type of Booth: _____
4. Product/Service Sold/Promoted: _____
5. Name of Show/Event: _____
6. Venue Name & Location of Event: _____
7. Date(s) of Event: _____
8. Do you offer food or alcoholic beverages? Yes No If Yes, are you charging a fee? Yes No
 Type of Food/Beverage(s): _____
9. Do your operations include interacting with the public in any way other than describing your product, and/or handing out information, forms for attendees to complete, samples or giveaways? Yes No
 If Yes please describe additional operations: _____
10. Limit of Liability Requested: CGL \$2,000,000

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Vendor/Exhibitor– 2 Mil Rates		Non-Food	Food
Merchandise Vendors, Tradeshow Booths, Craft Tables, etc...	Up to 7 Days	\$ 75	\$ 185
	8 -31 Days	\$ 125	\$ 350
	1 – 4 Months	\$ 325	\$ 600
<i>Plus Applicable Taxes and Fees</i>		Annual	Refer

Applicant Signature: _____ Date: _____

Email Address: _____ Phone: _____