

VENDOR/EXHIBITOR INSURANCE APPLICATION

SUBMIT

Name of Insured: _____

Address Including Postal Code _____

Type of Booth: _____

Product/Service Sold/Promoted: _____

Name of Show/Event: _____

Venue Name & Location of Event: _____

Date(s) of Event(s): _____

Do you offer food or alcoholic beverages? Yes No If Yes, are you charging a fee? Yes No

Type of Food/Beverage(s): _____

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: _____

Do you have any of the following at your booth at any time?: Yes No

- Alcoholic Beverages
- Amusement Devices (e.g. rides, inflatables, trampolines, mechanical bulls, etc.)
- Athletic Performances or Stunts
- Body Piercing or Permanent Tattooing
- Chemicals
- E-commerce selling
- Fertilizers
- Fireworks Sales & Displays/Pyrotechnics
- Flammable liquids or gasses
- Games
- Installation, service or repair of products
- Live Animals
- Lotions, soaps, other skin-care items
- Nutritional/Health or Dietary Supplements/Weight-loss plans or products
- Medical Testing
- On-site Equipment Sales/Rentals
- Oxygen/Aromatherapy Bars
- Pesticides
- Pharmaceuticals or Nutraceuticals
- Time Share Sales
- Tobacco Products
- Toys
- Vehicles in Motion
- Vitamins
- Watercraft Exhibits on Water
- Weapons

If Yes please list each one: _____

Coverage Requested: CGL Limit: \$2,000,000 \$5,000,000 Event Dates Only Annual Coverage

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- 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.
- 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.
- All exclusions in the Policy apply regardless of any answers or statements in this Application.
- 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.

Applicants Signature: _____ Date: _____

Title: _____ Phone: _____