#### **About This Program**

This application is used to insure a single vendor, exhibitor or concessionaire at a single event.

#### **Required Documents**

The following documents are required to apply for coverage:

- This application (pages 1-3)
- Hired/Non-Owned Auto Supplemental (if hired/non-owned auto coverage is required)
- Additional Insured Schedule
- Workers Comp Worksheet (if applicable)
- Fraud Statement

Ap	plicar	nt Info	orma	ition
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Rides, Rap/Hip-Hop/Rock/Metal Music Performances, Massage Machines?   Yes   Vendor/Exhibitor will be stationed behind their booth or in a designated area throughout the event?   Yes   Does the Vendor/Exhibitor provide bounce houses or inflatables?   Yes   Confirm your understanding that only one exhibitor at one event will be covered by the policy.   Yes   The event will take place in the United States or Canada?   Yes   Is the vendor responsible for any type of security or maintenance personnel?   Yes   Insurance History   Yes   Insurance declined or cancelled in the past 3 years? (not applicable in MO)   Yes   If yes, provide details:   Any prior insurance coverage? If yes, provide details below   Yes   Policy Type   Carrier   Policy # Expiration Date   Premium   Premium   Yes	Applicant informa	llion					
Country of Residency (if Individuals): Country of Registration (all others): Primary Address (no Po Boot): Mailling Address (no Po Boot): Contact Person: Phone / Fax: Email: Website:  Vear Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales     Exhibitors - No Sales     Exhibitors - No Sales     Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Sick)  Underwriting Qualification Questions  Does the Vendor/Exhibitor's activities include any Stunts, Pyrotechnics, Hazardous Activities, Mechanical Devices, Rides, Raph'lip-Hop/Rock/Metal Music Performances, Massage Machines? Vendor/Exhibitor will be stationed behind their booth or in a designated area throughout the event?   Yes     Obes the Vendor/Exhibitor provide bounce houses or inflatables?   Yes     Confirm your understanding that only one exhibitor at one event will be covered by the policy.   Yes     Insurance History  Any insurance declined or cancelled in the past 3 years? (not applicable in MO)   Yes     If yes, provide details: Any prior insurance coverage? If yes, provide details below   Policy # Expiration Date   Premium	Named Insured:						
Country of Registration (all others): Primary Address (no PO Box): Mailing Address (if affected to primary): Contact Person:	Entity Type:		□Individual	□LLC □LLP	☐Corporation	□Non-Profit	
Primary Address (ne PO Boo):  Mailling Address (ne PO Boo):  Mailling Address (ne Po Boo):  Mailling Address (ne Miller on the primary):  Contact Person:  Phone / Fax:  Email:  Website:  Year Business Established:  Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales     Exhibitors - No Sales     Exhibitors - No Sales     Exhibitors - No Sales     Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick    Underwriting Qualification Questions  Does the Vendor/Exhibitor's activities include any Stunts, Pyrotechnics, Hazardous Activities, Mechanical Devices, Rides, Rap/Hip-Hop/Rock/Metal Music Performances, Massage Machines?  Vendor/Exhibitor will be stationed behind their booth or in a designated area throughout the event?   Yes   Does the Vendor/Exhibitor provide bounce houses or inflatables?   Yes   Confirm your understanding that only one exhibitor at one event will be covered by the policy.   Yes   Insurance History  Any insurance declined or cancelled in the past 3 years? (not applicable in MO)   Yes   If yes, provide details:  Any prior insurance coverage? If yes, provide details below   Yes   Policy Type   Carrier   Policy # Expiration Date   Premium	Country of Residency (if indiv	idual):					
Mailing Address (if different to primary):  Contact Person:  Phone / Fax:  Email:  Website:  Year Business Established:  Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales     Exhibitors - No Sales     Exhibitors - No Sales     Exhibitors - No Sales     Concessionaire - Non Food Sales (Badges, CD's Records/Tapes, Clothing Apparel, Photos, Posters, Stick    Underwriting Qualification Questions    Concessionaire - Non Food Sales (Badges, CD's Records/Tapes, Clothing Apparel, Photos, Posters, Stick	Country of Registration (all of	thers):					
Contact Person: Phone / Fax: Email: Website:  Vear Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales     Exhibitors - No Sales     Description of Operations:   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Poeters, Stick    Description of Operations:   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Poeters, Stick    Underwriting Qualification Questions	Primary Address (no PO Box):						
Phone / Fax: Email:  Website:  Year Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales     Exhibitors - No Sales     Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stock)    Underwriting Qualification Questions	Mailing Address (if different to p	orimary):					
Email:  Website:  Year Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales   Exhibitors - No Sales   Exhibitors - No Sales   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick)    Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick)    Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick)    Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick)    Underwriting Qualification Questions   Concessionaire - Food Sales   Exhibitors - No Sales   Content of	Contact Person:						
Website:  Year Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales   Exhibitors - No Sales   Exhibitors - No Sales   Concessionaire - Non Food Sales   Concessionaire - Non Food Sales   Exhibitors - No Sales   Concessionaire - Non Food	Phone / Fax:						
Year Business Established: Federal ID/Social Security #:    Attractions/Performers   Concessionaire - Food Sales   Exhibitors - No Sales   Exhibitors - No Sales	Email:						
Federal ID/Social Security #:     Attractions/Performers   Concessionaire - Food Sales   Exhibitors - No Sales   Exhibitors - No Sales   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick   Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick   Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick   Underwriting Qualification Questions   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick   Underwriting Qualification Questions   Concessionaire - Non Food Sales   Exhibitors   Exhibitor sales   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Exhibitors   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Exhibitors   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Exhibitors   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Exhibitors - No Sales   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Exhibitors - No Sales   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Clothing Apparel, Photos, Posters, Stick   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Clothing Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Christian Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Christian Apparel, Photos, Posters, Stick   Consessionaire - Non Food Sales   Christian Apparel, Photos, Posters, Stick   Christian Apparel, Photos,	Website:						
Attractions/Performers   Concessionaire - Food Sales   Exhibitors - No Sales   Exhibitors - No Sales   Concessionaire - Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stick   Underwriting Qualification Questions	Year Business Established:						
Description of Operations:    Stribitors - No Sales	Federal ID/Social Security #	t:					
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If yes, provide details:  Any prior insurance coverage? If yes, provide details below  Policy Type Carrier Policy # Expiration Date Premium  / / //	Insurance History	,					
Policy Type Carrier Policy # Expiration Date Premium		ancelled in the past 3 year	'S? (not applicable in MO)			☐ Yes	☐ No
	Any prior insurance coverage	ge? If yes, provide details	below			☐ Yes	☐ No
Any losses in the past 3 years? If yes, provide details below.	Policy Type	Carrier	Policy #	Expirati	on Date	Premium	
Any losses in the past 3 years? If yes, provide details below.				/	/		
Any losses in the past 3 years? If yes, provide details below.				/	/		
Any losses in the past 3 years? If yes, provide details below.							
	Any losses in the past 3 year	ars? If yes, provide details	below.			☐ Yes	☐ No
Policy/Line Date of Loss Description of Loss Amount of Loss	Policy/Line	Date of Loss	Desci	iption of Loss		Amount of Le	oss
		/ /					
		1 1					

### **Event Information**

<b>Event Details</b>	
Event Type	☐ Carnival ☐ Consumer Show ☐ Festival ☐ Trade Show ☐ Other
Show Name	
Show Description	
Exhibitor's Cost/Budget	
Area Occupied (square feet)	
How Many People will Visit Your Booth	
Venue Details Venue Name	
Varius Batalla	
Venue Name	
Venue Address	
Venue City, State, Country, Zip	
Trade Show Organizer Details	
Name of Organizer	
Organizer Address	
Organizer City, State, Country, Zip	

## Coverages

Dates of Coverage	Effective: / / Expirati	on: / /
	Maximum 30 days	
Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *	☐ 1m/2m ☐ 2m/2m ☐ 3m/3m ☐ 4m/4m ☐ 5m/5m	n/a
Fire Legal *	100,000 300,000 500,000	n/a
Medical Payments *	□ 5,000 □ 10,000 □ 25,000	n/a
Blanket Additional Insureds / Certificates of Insurance *	Included	n/a
City / Other Special Certificates	☐ Include ☐ Exclude	n/a
Waiver of Subrogation	Include Exclude	n/a
Abuse & Molestation (NJ only)	☐ 50k ☐ 100k ☐ 500k ☐ 1m	n/a
nland Marine		
Equipment, Props, Sets, Wardrobe (Rented)	☐ ☐ Exclude	
Equipment, Props, Sets, Wardrobe (Owned)	☐ ☐ Exclude	
Extra Expense	☐ ☐ Exclude	
Third Party Property Damage	☐ ☐ Exclude	
Waiver of Subrogation	☐ Include ☐ Exclude	
Coverage Extension Endorsement	☐ Include ☐ Exclude	
Hired & Non-Owned Auto Liability  Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate)  Waiver of Subrogation	☐ Exclude ☐ 1,000,000 ☐ Exclude ☐ 125k/500k ☐ Include ☐ Exclude	n/a 10% (\$1500 min/\$7500 max
Excess Liability Occurrence / Aggregate Limit	☐ million ☐ Exclude	n/a
<b>Norkers Compensation</b> (* Indicates required coverages if line is pull Limit of 1,000,000 * Waiver of Subrogation	urchased). May not be available in all States.  Include  Exclude Include  Exclude	n/a n/a
	☐ Include ☐ Exclude	
Applicant Signature:	Date:	
To be completed by your Insurance Broker:		
Insurance Company(s) Applied to:	Insurance Agency/Agent:	License Number:

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

### **Hired & Non-Owned Auto Supplemental**

Complete this section if Hired & Non-Owned Auto Liability coverage is required.

#### **Cost of Hire**

Parameter	Value
Number of Vehicles to be Hired, Loaned or Donated	
Number Days Vehicles will be used	
Cost of Hire (Other than mobile studios/film trucks)	
Cost of Hire (mobile studios & film Trucks)	

#### **Transportation**

Will any bus or van be hired primarily for the purpose of transporting people?	☐ Yes	П No
This any bas of various fillinarily for the parpose of transporting people.		

If the above answer is "Yes", provide the driver information below.

#### **Driver Schedule \***

First & Last Name of Driver	State Licensed	Drivers License Number

A current driving record is required for each driver indicated above.

### **Additional Insured Schedule**

This schedule is used to list additional insureds.

Code	Additional Insured Name	Address, City, State, Zip

Code	Additional Insured Type	
A4	Sponsors	_
A5	Venues	
A6	Other	

### **Workers Compensation Details**

Complete this section only if workers compensation coverage is desired.

Class Code		Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Crew		0.000	0.000 0.000	
roll – Addition	al States (Complete this sec	tion for each additional	State.	
Class Code		Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Class Code Crew	s (Include/Exclude) ners be included or excluded?		Cast/Crew	
Class Code Crew	ners be included or excluded?		Cast/Crew	Total Payroll

#### Notes:

- Workers Compensation coverage may not be available in all states.
- Certain activities may preclude eligibility for workers compensation coverage.

#### **FRAUD STATEMENT**

Please read the statement applicable to your state, and the final statement. Then sign, date and return with	your applicat	ion.
□ COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance componed of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and ci insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or info policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory □ DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purposisurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if formaterially related to a claim was provided by the applicant.  □ FLORIDA: Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an any false, incomplete or misleading information is guilty of a felony of the third degree.  □ MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose the company. Penalties may include imprisonment, fines or a denial of insurance benefits.  □ MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or beneficial and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and company. Any person who knowingly and with intent to injure or defraud any insurer files an application or claim contincomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemea to ten years for a felony conviction and payment of a fine of up to \$5,000.00.  □ MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against	vil damages. An armation to a a settlement or a a gencies. ose of defraudinalse information application contact or who know on finement in pataining any false anor conviction of	ny nward ng the naining ding ingly orison.
NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or o an application for insurance containing false information, or conceals for the purpose of misleading, info		iles
concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.	TA EDALID	
<b>OHIO:</b> ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION GUILTY OF INSURANCE FRAUD.		NT IS
OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.	any claim for th	ne
OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an	application	
containing a false statement as to any material fact, may be violating state law.  Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an applie or statement of claim containing any materially false information or conceals for the purpose of misleading, information commaterial thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penaltie.	ncerning any fac	
RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to dis	sclose the exister	nce of
an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.		
DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME	OF ARSON?	
YESNO  UTAH: For your protection, Utah law requires the following to be included in this application: "Any person who knowing"	1	
fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or med submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may	dical benefits, or	r
and confinement in state prison."  WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company to	for the nurnose (	of
defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.	for the purpose (	31
☐ ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another	er person files	an
application for insurance containing any materially false information, or conceals for the purpose of misleading		
concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the personal concerning act and concerning act and concerning act and concerning act act and concerning act		and
(NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT, ) In DC, LA, ME, TN and		
benefits may also be denied.		
THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FOR SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.	NTS THAT IF	
SIGNATURE OF APPLICANT DA	ATE	