

Vendors & Exhibitors Application

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

Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	
Description of Operations:	<input type="checkbox"/> Attractions/Performers <input type="checkbox"/> Concessionaire - Food Sales <input type="checkbox"/> Exhibitors – No Sales <input type="checkbox"/> Concessionaire – Non Food Sales (Badges, CD's/Records/Tapes, Clothing Apparel, Photos, Posters, Stickers, Other)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor/Exhibitor will be stationed behind their booth or in a designated area throughout the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Vendor/Exhibitor provide bounce houses or inflatables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm your understanding that only one exhibitor at one event will be covered by the policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The event will take place in the United States or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vendor responsible for any type of security or maintenance personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insurance History

Any insurance declined or cancelled in the past 3 years? (not applicable in MO) If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Any prior insurance coverage? If yes, provide details below	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Policy Type	Carrier	Policy #	Expiration Date	Premium
			/ /	
			/ /	

Any losses in the past 3 years? If yes, provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy/Line	Date of Loss	Description of Loss	Amount of Loss
	/ /		
	/ /		

Vendors & Exhibitors Application

Event Information

Event Details

Event Type	<input type="checkbox"/> Carnival <input type="checkbox"/> Consumer Show <input type="checkbox"/> Festival <input type="checkbox"/> Trade Show <input type="checkbox"/> Other
Show Name	
Show Description	
Exhibitor's Cost/Budget	
Area Occupied (square feet)	
How Many People will Visit Your Booth	

Venue Details

Venue Name	
Venue Address	
Venue City, State, Country, Zip	

Trade Show Organizer Details

Name of Organizer	
Organizer Address	
Organizer City, State, Country, Zip	

Vendors & Exhibitors Application

Coverages

Dates of Coverage

Effective: / / Expiration: / /

Maximum 30 days

Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *	<input type="checkbox"/> 1m/2m <input type="checkbox"/> 2m/2m <input type="checkbox"/> 3m/3m <input type="checkbox"/> 4m/4m <input type="checkbox"/> 5m/5m	n/a
Fire Legal *	<input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> 500,000	n/a
Medical Payments *	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> 25,000	n/a
Blanket Additional Insureds / Certificates of Insurance *	Included	n/a
City / Other Special Certificates	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Abuse & Molestation (NJ only)	<input type="checkbox"/> 50k <input type="checkbox"/> 100k <input type="checkbox"/> 500k <input type="checkbox"/> 1m	n/a

Inland Marine

Equipment, Props, Sets, Wardrobe (Rented)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Equipment, Props, Sets, Wardrobe (Owned)	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Extra Expense	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Third Party Property Damage	<input type="checkbox"/> _____ <input type="checkbox"/> Exclude	
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	
Coverage Extension Endorsement	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	

Automobile

(* Indicates required coverages if Automobile is purchased)

Hired & Non-Owned Auto Liability *	<input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a
Hired & Non-Owned Auto Physical Damage (per vehicle/aggregate)	<input type="checkbox"/> Exclude <input type="checkbox"/> 125k/500k	10% (\$1500 min/\$7500 max)
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

Excess Liability

Occurrence / Aggregate Limit	<input type="checkbox"/> _____ million <input type="checkbox"/> Exclude	n/a
------------------------------	---	-----

Workers Compensation

(* Indicates required coverages if line is purchased). May not be available in all States.

Limit of 1,000,000 *	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	n/a

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.

Vendors & Exhibitors Application

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

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.

Vendors & Exhibitors Application

Workers Compensation Details

Complete this section only if workers compensation coverage is desired.

Payroll – Primary State (if multiple locations within a State, list each location separately)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Crew			

Payroll – Additional States (Complete this section for each additional State.)

State _____

Class Code	Number of Full Time Cast/Crew	Number of Part Time Cast/Crew	Total Payroll
Crew			

Officers & Owners (Include/Exclude)

Should Officers & Owners be included or excluded?	<input type="checkbox"/> Included <input type="checkbox"/> Excluded
---	---

Schedule of Officers & Owners

First Name/Last Name	Social Security Number	Title

Notes:

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

