

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)
- Auto Cost of Hire Supplement (if applicable)
- 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). Available AZ, CA, CO, CT, DC, FL, GA, IL, LA, MI, MN, NC, NJ, NM, NV, NY, PA, SC, TN, TX, VA

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

Automobile Cost of Hire Information

Complete this section only if auto liability and/or auto physical damage is required.

Payroll

Input	Value
Cost of Hire (mobile studios and film trucks)	
Cost of Hire (other than mobile studios and film trucks)	
Number of Loaned or Donated Vehicles	Days_____ # Vehicles_____

Vendors & Exhibitors Application

Workers Compensation Worksheet

Complete this section only if workers compensation coverage is desired.

Workers Compensation is available in AZ, CA, CO, CT, DC, FL, GA, IL, LA, MI, MN, NC, NJ, NM, NV, NY, PA, SC, TN, TX, VA.

Payroll

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 event activities may preclude the event from being eligible for workers compensation coverage.

Fraud Warnings Disclosure

Please read the statement applicable to your state and the final statement. Then sign, date and return with your application.

- ALABAMA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.
- ARKANSAS, LOUISIANA, RHODE ISLAND, or WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially 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 application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to an insurer, purported insurer, or to or by a broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act and may be subject to criminal and/or civil fines or penalties.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- MAINE, TENNESSEE, VIRGINIA, or WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding 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 benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud any insurer or other person files an application for insurance or statement of claim containing any materially false information upon which an insurer relies, if such information was either material to the risk assumed by the insurer or the misinformation was provided fraudulently, may commit a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, TX, VA, VT, WA, and WV.)

The undersigned, on behalf of all Insureds, acknowledges that discovery of any fraud, intentional concealment, or misrepresentation of any material fact may render this policy, if issued, voidable at inception or otherwise cancelled.

THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

_____ SIGNATURE OF APPLICANT	_____ DATE
---------------------------------	---------------