



SHOW PROMOTER

**P.O. Box 4389
Davidson, NC 28036**

**800-287-7127
FAX: 704-895-0230**

www.acna.us

Antiques & Collectibles National Association

The Antiques and Collectibles National Association (ACNA) is the largest and fastest growing Antiques & Collectibles trade association in the country. The goal of this association is to provide you with benefit programs and affordable insurance programs for the Antiques & Collectibles Industry. The association was founded in 1991 and has over 3000 members in all 50 states.

MEMBER BENEFITS

Insurance Programs for Dealers:

Inventory and Liability for Shop Owners, Mall Owners, Mall Dealers, Show Dealers, Show Promoters, Estate Sales, Auctioneers, Collector Clubs, Coin Dealers, & Internet Dealers

Insurance Programs for Collectors & Coin Collectors

Insurance Programs for Antique Cars, Muscle Cars, & Street Rods

Quarterly Newsletter

Certificate of Membership

Merchant Services:

Discounted Rates for Credit/Debit Card Processing and Check Guaranties - Cards include VISA, MasterCard, Discover, and American Express

Sell on line through GoAntiques.com

Educational Seminars and Programs

Use of the ACNA Logo

Discount on Home Study program through Asheford Institute of Antiques

Discounts on Products and Services:

Office Supplies, Trade Advertising, Shipping, Travel, Dealer Supplies, Security, & More...

HOW TO JOIN

Complete the Membership Form.

Make your check for \$50 payable to ACNA

Mail to: **ACNA**
P.O. Box 4389
Davidson, NC 28036

Or Fax to: 704-895-0230

Questions?? Call us at 1-800-287-7127

SHOW PROMOTER MEMBERSHIP FORM

Business Name: _____

Principal(s) Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Mobile Phone: _____

Fax #: _____

E-Mail: _____

Web Address: _____

How did you hear about us? _____

CREDIT CARD AUTHORIZATION

Visa MasterCard Discover

Card #: _____

Expiration Date: _____

Amount: Dues \$ _____ Insurance \$ _____

Last three digits on back of card: _____

Card Billing Address: _____

Signature: _____



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 info@acna.us www.acna.us

SHOW PROMOTERS
LIABILITY INSURANCE APPLICATION

Principal(s) Name(s): _____

Business Name: _____

Business Type: Sole Proprietor Partnership Corporation LLC Other: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business Phone: _____ Mobile Phone: _____ Fax #: _____

Email: _____ Web Address: _____

LIST OF SHOWS TO BE COVERED: If more room is needed attach list or copy of this form.

Show #	Show Location	Show Dates	Estimated Attendance	Name & Address of Additional Insured

1. Do you charge admission? Yes No
2. Do you provide food service? Yes No
 If yes, is it: Owned by you Provided by show facility Contracted third party
3. Do you provide security? Yes No
 If yes, describe: _____
4. Do you provide set up workers? Yes No
 If yes, who pays them? _____
5. Do you promote any other activities at the show? i. e. speakers, meetings, auctions etc. Yes No
 If yes, describe: _____
6. Present Insurance Company: _____ Limits: _____
7. How long have you been in business? _____
8. Have you ever been convicted of a felony? Yes No If yes, explain: _____
9. Have you had a loss in the last 5 years? Yes No If yes, describe: _____

10. Do you want to add dealers on a blanket basis to the coverage at a cost of \$6.32 each? Yes No
 If so, how many dealers are being adding? _____
11. Do you want to cover your office and general operations under this policy? Yes No
 If so you will need an annual policy.
12. How would you like your policy sent to you? Email Mail

Two Ways to Do It. Choose One

- Per Show – The premium must be paid prior to the show so that the certificate of coverage can be issued prior to the show.
- Annual Policy – An annual policy covering all your shows, office and business operations with show attendance estimated.

Show Promoter Application for Insurance (continued)

Check the optional coverage you would like added to your policy

OPTIONAL INVENTORY COVERAGES

Loss of Income (Pays for loss of profit and continuing expenses should your business be interrupted by an insured peril)

Amount of Coverage Desired: \$ _____

Determine the amount of monthly profit and continuing expenses and multiply by 3, 6, or 12 months.

Outdoor Signs Coverage: Amount of Coverage Desired: \$ _____

Exterior Building Glass:

Do you own or lease your building? Own Lease

We will need a schedule of all covered glass with description and measurement.

OPTIONAL LIABILITY COVERAGES (Available in All States)

Add liability for Warehouse

Add liability for an Apartment or Store or Office or Other space rented to others by you.

How Many? _____ Describe: _____

Add the following as an additional Insured onto my policy.

Name: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Waiver of Subrogation

Increase per occurrence limit to \$2,000,000

Add Hired/Non-Owned Auto liability

OPTIONAL BUILDING COVERAGE (One app for each Building) Please attach picture. (Available in Most States)

1. Address of Property: _____

City: _____ County: _____ St: _____ Zip: _____

2. Amount of Insurance Desired: \$ _____ 3. Deductible Desired: \$ _____ (\$500 Min.)

4. Construction: Frame (wood) Masonry with wood joist Masonry with steel joist Steel Other: _____

5. Within City Limits: Yes No 6. Monitored Alarm System: Yes No 7. Sprinklered: Yes No

8. Year Built: _____ Age of Wiring: _____ Age of Roof: _____ Age of Plumbing: _____ Age of Heating: _____

ALL BUILDING UPDATED MUST BE WITHIN THE PAST 20 YEARS

9. Square Footage: _____ 10. Number of Stories: _____

11. How close is the nearest fire department? _____ The nearest fire hydrant? _____

12. If Coastal, what is the distance to water from this building?

Less than 1500 ft. 1500 ft. to 1 mile 1 to 5 miles 5 to 10 miles Over 10 miles

13. Mortgagee: Name: _____

Address: _____

City, State, Zip: _____

Attention: _____ Loan#: _____

I agree the answers given on this application are true and accurate and that this application does **NOT** constitute a binder. All questions **MUST** be answered before the application will be accepted. If accepted, coverage will be effective the day after approved by the underwriter or later requested date. It is agreed and understood that no coverage exists for stamps & coins and coverage for jewelry is limited to \$2500 per claim. This insurance does not include contractual nor errors & omissions liability coverage. Other specific exclusions and limitations apply as per the policy. It is also understood that any inventory loss settlement is cost based unless stated otherwise in the policy. It is understood that all policies are subject to a 25% minimum earned premium at inception and there are no flat cancellations. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Date: _____

Signature: _____

Mail to: Antiques & Collectibles Insurance Group, P.O. Box 4389, Davidson, NC 28036

Fax to: 704-895-0230