

Principal(s) Name(s): \_\_\_\_\_

Club Name: \_\_\_\_\_

Business Type:  Sole Proprietor  Partnership  Corporation  LLC  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Web Address: \_\_\_\_\_ Year Business/Shows Started: \_\_\_\_\_

**LIST OF SHOWS & CONVENTIONS TO BE COVERED:**

If more room is needed, please attach a list or another copy of this form.

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

- Do you charge admission at the show(s)?  Yes  No
- Do you provide any food service at the show(s)?  Yes  No  
If yes: is the food service:  Owned by you  Provided by the show facility  Contracted to a 3<sup>rd</sup> party  
If contracted to a 3<sup>rd</sup> party: who? \_\_\_\_\_
- Do you provide security at the show(s)?  Yes  No  
If yes: describe the security and what times they are used: \_\_\_\_\_
- Do you provide set up workers at the show(s)?  Yes  No  
If yes, who pays them? \_\_\_\_\_
- Do you promote any other activities at the show? (i.e. speakers, meetings, auctions, etc...)  Yes  No  
If yes, please describe: \_\_\_\_\_
- How long has the club been in existence? \_\_\_\_\_

7. Have you or any business principal filed for bankruptcy within the last 7 years?  Yes  No

If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION

8. Have you or any business principal ever been convicted of a felony?  Yes  No

If yes: you must complete the following:

DATE	DESCRIPTION

9. Has any company cancelled, non-renewed, or refused insurance coverage for your business?  Yes  No

If yes: you must complete the following:

DATE	DESCRIPTION

10. Have you or any business principal filed any insurance claims within the last 5 years?  Yes  No

If yes: you must complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

11. How would you like your quote/policy sent to you?  Email  Mail

**Two ways to do the policy, please 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.

**OPTIONAL LIABILITY COVERAGES**

- Increase the Each Occurrence limit to \$2,000,000.
- Add my show dealers as additional insureds on a blanket basis to this coverage. How Many? \_\_\_\_\_
- Add liability for an office and general operation under this policy. *(Only available on an annual policy)*  
What is the address? \_\_\_\_\_
- Add a Waiver of Subrogation in favor of the Additional Insured.

Do you agree to the following Warranty below?  Yes  No

**Warranty:**

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 is accepted and a quote is provided. If accepted, coverage will be effective the day after approved by the Underwriter or later requested date. The above signed represents and warrants that he/she is an authorized representative of the Applicant, and further represents and warrants that reasonable inquiry has been made to obtain the answers to the questions on this application. He/she further represents and warrants that the answers given above are true, correct, and complete to the best of applicant's knowledge. He/she further understands the application becomes a part of policy and the insurer has relied upon the answers given above in extending the quote, and, if applicable, issuing the policy of insurance. 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: \_\_\_\_\_