

Annual Vendors & Exhibitors Application

About This Program

This application is used to insure a single vendor, exhibitor or concessionaire at multiple events throughout the year.

Required Documents

The following documents are required to apply for coverage:

- This application
- Workers Comp Worksheet (if applicable)
- Additional Insured Schedule
- 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"/> Exhibitor <input type="checkbox"/> Vendor (food & beverage) <input type="checkbox"/> Vendor (Non Food/Beverage)

Underwriting Qualification Questions

Is the insured responsible for any type of security or maintenance personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All events will take place in the United States or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor/Exhibitor will be stationed behind their booth or in a designated area throughout the events?	<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
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

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
	/ /		
	/ /		

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Additional Information

Risk Classification

Total # of days for all shows	<input type="checkbox"/> Carnival <input type="checkbox"/> Consumer Show <input type="checkbox"/> Festival <input type="checkbox"/> Trade Show <input type="checkbox"/> Other
Number of Shows to Attend in Coming Year	

Coverage Specific Questions

If liquor coverage is required: Liquor Sales	
If hired/non-owned auto coverage is required: Cost of hire (other than mobile studios/film trucks)	_____
Cost of hire (mobile studios & film trucks)	_____
Loaned or Donated autos (#, days)	_____ # _____ Days

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Coverages

Dates of Coverage

Effective: / / (12 month term)

Coverage	Limit	Deductible
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General Liability (* Indicates required coverages)

Occurrence / Aggregate Limit *	1,000,000 / 2,000,000	n/a
Certificates of insurance / Blanket Additional Insureds *	Included	n/a
Waiver of Subrogation	<input type="checkbox"/> Exclude <input type="checkbox"/> # to Include _____	n/a
Liquor Liability (Host and No Host)	<input type="checkbox"/> Exclude <input type="checkbox"/> 1,000,000	n/a

Inland Marine

Rented Equipment (Equipment of Others)		
Third Party Property Damage		
Owned Equipment – Scheduled (Replacement Cost)		
Theatrical Property		
Musical Instruments		
PA/Sound Reinforcement Equipment		
Owned Equipment – Unscheduled (Actual Cash Value)		
Theatrical Property		
Musical Instruments		
PA/Sound Reinforcement Equipment		
Coverage Enhancements		
Accounts Receivable		
Business Personal Property		
Computers		
Extra Expense		
Newly Acquired Property		
Property Rented or Leased to Others		
Rental Reimbursement		
Valuable Records Research		

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 limit)	<input type="checkbox"/> Exclude <input type="checkbox"/> 125k / 2m	10% (\$1000 min/\$7500 max)

Excess Liability

Occurrence / Aggregate Limit		n/a
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Workers Compensation (* Indicates required coverages if Workers Comp is purchased). Available in CA, NY, FL, TX, NJ

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

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Workers Compensation Worksheet

Complete this section only if workers compensation coverage is desired.

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
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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.

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Additional Insured Schedule

This schedule is used to list additional insureds.

Code	Additional Insured Name	Address, City, State, Zip

<u>Code</u>	<u>Additional Insured Type</u>
A4	Sponsors
A5	Venues
A6	Other

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FRAUD STATEMENT

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

- 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.
- MAINE:** 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.
- MICHIGAN:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up 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 an insurer is guilty of a crime.
- NEW YORK NOTICE:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- OHIO:** ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE 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 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 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.
- RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence 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?
_____ **YES** _____ **NO**
- UTAH:** For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."
- 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 include imprisonment, fines, and denial of insurance benefits.
- ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied.

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
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