

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Aircrafts, Hazardous Activities, Car Races, Precision Driving, Mechanical Devices, Film Production, Rap/Hip-Hop, Rock/Metal, Rides, Water Activities Yes No

The Trade Show will take place in the United States Yes No

Any armed private security guards? Yes No

Any Prior Event With Any Losses of Any Kind? Yes No

Trade Show Details

Type of Trade Show _____

Trade Show Name _____

Budget (Cost of Trade Show) _____

Brief Description of Trade Show _____

Venue Name, Address, City, State, Zip _____

Location Information Indoors Outdoors

List Celebrities (if any) at Trade Show _____

Trade Show Organizers Application

Coverage Options

Attendance

Average Daily Spectators _____

Average Daily Participants _____

General Liability

Blanket Additional Insureds & Certificates, including City Certs	Automatically Included
Aggregate / Occurrence Limit	\$1,000,000 / \$1,000,000 \$2,000,000 / \$2,000,000 \$3,000,000 / \$3,000,000 \$4,000,000 / \$4,000,000 \$5,000,000 / \$5,000,000
Waiver of Subrogation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Additional Coverages

Rented Equipment Limit (\$100,000 maximum)	\$ _____
Third Party Property Damage	<input type="checkbox"/> None <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 100,000
Liquor Liability (\$1,000,000 limit)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Event Cancellation	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Participants Medical	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Spectators Medical	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Hired & Non-Owned Auto Liability (\$1,000,000 limit)	<input type="checkbox"/> Include <input type="checkbox"/> Exclude

Vendor's Coverage

(Only if you want your coverage to extend to the vendors)

Number of Exhibitors (no sales)	_____
Concessionaires (non-food sales)	_____
Concessionaires (food sales)	_____
Performers & Attractions	_____

Coverage Dates of the Event

Signature: _____

Date: _____