

VENDOR & EXHIBITOR LIABILITY INSURANCE APPLICATION

Named Insured (Applicant): _____

Attn: _____ Years In Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____ Event website: _____

Desired Effective Date: _____ Desired Expiration Date: _____

Products Sold or Exhibited: _____

Policy Limit Desired: \$500,000 \$1,000,000. Include Products Liability: Yes No Size of Selling Booth (in feet) _____

List any persons, landlords or organizations requiring you to list them as an additional insured on your policy: (Include Event Name, Additional Insured Name, Address, Telephone, Fax, Email Address and Event Dates:

TRAILER & EQUIPMENT PROPERTY COVERAGE

Description of **Trailer**: _____ Cost New: \$ _____

Year: _____ Serial #: _____ GVW or Load capacity: _____

Type of Trailer: Food & Drink Games If game trailer, indicate type of games: _____

Description of **Contents** (Stock): _____ Value: \$ _____

Description of **Equipment** (Itemize List including Serial Number and Value of each item):

For Insurance Agents & Brokers

Agency _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____