



VENDOR/EXHIBITOR INSURANCE APPLICATION

1. Name of Insured: _____
2. Mailing Address: _____
3. Type of Booth: _____
4. Product/Service Promoted: _____
5. Name of Show/Event: _____
6. Dates of Event: _____
7. Do you offer alcoholic beverages to event attendees? Yes No If Yes, are you charging a fee? Yes No
Type of Beverage(s): _____
8. Do your booth operations include interacting with the public in any way other than describing your product, and/or handing out information, forms for attendees to complete, samples or giveaways? Yes No
If Yes please describe additional operations: _____

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____
Title: _____ Phone: _____