



VENDOR / EXHIBITOR LIABILITY INS. APPLICATION

Event Name: _____ Business Name/ Vendor: _____
Event Website: _____ Address: _____
Venue Name: _____ Phone: _____
Address: _____ E-mail: _____
City: _____ Contact Name: _____
Zip Code: _____
Event Start Date _____ Event End Date _____
Coverage Start Date _____ Coverage End Date _____

If the coverage start date is more than 5 days before the event start date OR the coverage end date is more than 5 days after the event end date, please explain:

In the past five years has the Insured had a claim at this event? Yes ___ No ___

Type of Event: _____
Please describe event type: _____
Please describe what product/service you will be providing at event: _____

Maximum Daily Attendance _____ Total Attendance _____
Estimated Event Revenue: _____ Estimated Expenses: _____

Is the event open to the Public? Yes ___ No ___
Has Applicant hired any subcontractors in conjunction with the event? Yes ___ No ___

*If Yes, applicant must provide certificates of insurance from each subcontractor listing the applicant as Additional Insured in order to bind.

Does your exhibit include any of the following?

Vendor / Exhibitor

- Aircraft
- Animals (other than pet contests & shows)
- Archery
- Camping
- Cattle drives
- Childcare operations
- Firearms/Ammunition/Weapons of Any Kind



- Fireworks
- Food vendor
- Inflatables
- Mechanical amusement rides
- Motorsports
- Obstacles
- Open water exposure
- Paintball
- Parade
- Rock climbing walls
- Rodeos
- Tattooing/Body piercing
- Temporary skating/skiing/skateboarding structures
- Trail rides

Will there be temporary structures installed/built for your event? **Yes** ___ **No** ___

Who will be responsible for building/installing structure(s)? **Insured** ___ **Subcontractor** ___

Will the subcontractor be naming your company as Additional Insured on their insurance policy? **Yes** ___ **No** ___

What type of temporary structure(s) will be set up?

Are you required to name Additional Insureds? **Yes** ___ **No** ___

If yes, please provide their full business name and address.

Additional Insured #1 - Name: _____

Address: _____

Additional Insured #2 - Name: _____

Address: _____

Declaration*

To the best of my knowledge and belief the information provided in the application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle the company to void the Insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance policy.

Name: _____ Title: _____

Signature: _____ Date: _____