

Vendors & Exhibitors Application

Contact Information

Name of Company / Organization: _____

Entity Type: _____

Street Address: _____

City: _____

State & Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

Qualification Questions

Any: Stunts, Pyrotechnics, Hazardous Activities, Mechanical Devices, Animals, Rides, Rap/Hip-hop/rock/metal music performances, massage machines Yes No

Exhibitor will be stationed behind their booth or in a designated area through-out the event? Yes No

The event will take place in the United States? Yes No

Are you responsible for any type of security or maintenance personnel? Yes No

Any Prior Losses relating to Event's Exhibits? Yes No

Event Details

Vendor or Exhibitor Name _____

Vendor or Exhibitor Description _____

Budget (Exhibitor's Cost) _____

Description of Exhibitor's Activities _____

Venue Name, Address, City, State, Zip _____

Event Organizer's Name, Address, City, State, Zip _____

Location Information Indoors Outdoors

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Coverage Options

Attendance

Booth Size (Square Feet) _____

Average Daily Participants _____

Coverages

General Liability (\$1,000,000)

Automatically Included

Blanket Additional Insureds & Certificates, including City Certs

Automatically Included

Waiver of Subrogation

Include

Exclude

Third Party Property Damage

None

25,000

What type of Exhibitor are you

Type of Exhibitor

Exhibitor (no sales)

Concessionaire (food sales)

Concessionaire (non food sales)

For Concessionaires (non food sales), what type of product are you selling

Coverage Dates of the Event

Signature: _____

Date: _____