

**Register at [www.insurance4exhibitors.com](http://www.insurance4exhibitors.com)! It's easy and you get an immediate certificate!**

**General Liability Insurance for \$1,000,000 per Occurrence / \$2,000,000 Aggregate**

**GENERAL LIABILITY INSURANCE PREMIUM RATES / EVENT INFORMATION**

\_\_\_\_\_ **1 Event Day: \$89.00**      \_\_\_\_\_ **4-10 Event Days: \$119.00**      \_\_\_\_\_ **6 Month Policy: \$475.00**  
 \_\_\_\_\_ **2-3 Event Days: \$109.00**      \_\_\_\_\_ **11-30 Event Days: \$199.00**      \_\_\_\_\_ **Annual Policy: \$650.00**

NAME OF EVENT: \_\_\_\_\_ EVENT START DATE: \_\_\_\_\_ End Date: \_\_\_\_\_  
 EVENT WEBSITE: \_\_\_\_\_ EVENT CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_  
 VENUE ADDRESS with City, State & Zip: \_\_\_\_\_

**EXHIBITOR INFORMATION – REGISTER AT [www.insurance4exhibitors.com](http://www.insurance4exhibitors.com)**

Exhibiting Company/Insured: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Description of Business/Exhibit: \_\_\_\_\_

**Does your exhibit or business involve any of the excluded activities below? \_\_\_\_\_ YES \_\_\_\_\_ NO**

- |                              |                        |                               |                              |         |
|------------------------------|------------------------|-------------------------------|------------------------------|---------|
| Alcohol Serving              | Amusement Devices      | Animals                       | Athletic Participation       | Mazes   |
| Disc-Jockeys                 | Bands                  | Entertainment & Film Industry | Equipment Rental             | Tobacco |
| Fireworks, Firearms, Weapons | Health Supplements     | Hot Wax Impressions           | Inflatables                  |         |
| Installation/Service/Repair  | Massage                | Mechanical/Amusement Devices  | Water Activities             |         |
| Medical Testing              | Motor Sport Activities | Oxygen / Aromatherapy         | Storefront Operations        |         |
| Tattooing or Piercing        | Vehicles in Motion     | Weight-Loss Products          | Watercraft Exhibits on Water |         |

If yes, describe (we can still get you insurance) \_\_\_\_\_

**Additional Insured:** Most event planners or venues require you to name them as an additional insured. We need the name and address for each Additional Insured to issue a certificate. Don't list your employees. Just leave blank if you do not know.

Additional Insured #1: \_\_\_\_\_ Additional Insured #2: \_\_\_\_\_  
 Address, City, ST, Zip: \_\_\_\_\_ Address, City, ST, Zip: \_\_\_\_\_  
 Any special wording or coverage needed: \_\_\_\_\_  
 Any Additional Information or notes: \_\_\_\_\_

**METHOD OF PAYMENT - BY SIGNING BELOW YOU AUTHORIZE US TO CHARGE YOUR CREDIT CARD**

**Payment Form:** \_\_\_ American Express \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover \_\_\_ Check (Payable to "Insurance for Exhibitors")  
 Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Cardholder Address: \_\_\_\_\_  
 Has any prior coverage been cancelled or non-renewed? \_\_\_\_\_ Yes \_\_\_\_\_ No

**TERMS and CONDITIONS**

Coverage is only provided for law suits brought in the U.S. and events held in the United States. I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent, and confirm that to the best of my knowledge all information provided is complete, true and correct. Signing this application does not bind the Applicant or the Company to complete the insurance, but it is understood and agreed that the information contained herein shall be the basis of the contract should a policy be issued. 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. I understand that this policy includes an Agency fee which is not charge by the insurance company. The exact amount of the fee has been disclosed. I also understand all agency fees are not refundable once they are incurred. I also understand that this general liability policy does not provide any property coverage. By typing my name below, I am signing and agreeing.

**I accept and understand the terms and conditions,** Cardholder Name (Print) \_\_\_\_\_

**I understand that no property is covered on this policy:** \_\_\_\_\_ **I want a quote for property coverage:** \_\_\_\_\_

**Insurance for Exhibitors**  
 30285 Bruce Industrial Parkway, Suite B  
 Solon, OH 44139

**Online:** <http://www.insurance4exhibitors.com>  
**Email:** [info@insurance4exhibitors.com](mailto:info@insurance4exhibitors.com)  
**Phone:** 440-349-6650      **Fax:** 440-815-2154