

Exhibition and Conferences Supplemental Liability
(Complete in addition to Acord Application)

1. Agency Code: _____ Agency: _____
2. Phone: _____ Fax: _____ Web site: _____
3. Producer: _____ E-Mail Address: _____
4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
6. Mailing Address: _____ City: _____ State: _____ Zip: _____
7. Contact Person: _____ Phone: _____ Fax: _____
8. Email Address: _____ Web site: _____
9. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Applicant Information:

10. What is the usual business of the applicant: _____

11. Event(s) Organizer's name (if other than applicant's): _____

Event Details:

12. Name of event(s) to be insured: _____

13. Subject of event(s): _____

14. Type of event to be insured (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Conference with exhibits | <input type="checkbox"/> Trade Show not open to public |
| <input type="checkbox"/> Conference without exhibits | <input type="checkbox"/> Teleconference or event using phone, radio or satellite communication link |
| <input type="checkbox"/> Trade Show open to public | <input type="checkbox"/> Other event: _____ |

15. Venue(s) (full address(es) and part(s) thereof to be used): _____

16. Period(s) of tenancy (including the installation and dismantling period): From: _____ To: _____

17. Open dates of event(s): From: _____ To: _____

18. Have you signed a written tenancy contract with the venue(s)? Yes No

If yes, please attach a copy.

If no, please describe pending arrangements: _____

- | | | |
|---|------------------------------|-----------------------------|
| ⇒ Will applicant held harmless by venue(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ⇒ Will lessor be held harmless by applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ⇒ Will applicant be responsible for security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ⇒ Will applicant be responsible for food service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ⇒ Will applicant be responsible for parking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Event Details:

19. Will applicant be sub-contracting services or sub-letting venue space? Yes No
If yes, please describe: _____
20. If yes above, will Certificates of Insurance for General Liability be required from all sub-contractors? Yes No
If yes, what minimum General Liability Limit will be required? \$ _____
21. If yes above, will the applicant also require that all sub-contractors provide Additional Insured endorsements? Yes No
22. Have all necessary arrangements for the successful fulfillment of the event(s) to be insured been made? Yes No
If no, please give full details: _____

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23. Have all necessary licenses, visas, and permits been obtained and have all contractual arrangements been confirmed in writing? Yes No
If no, please describe pending items & timeframes: _____

24. Please provide the following details of the event(s):
- ⇒ Budgeted expenses: \$ _____
 - ⇒ Budgeted gross revenue from all sources: \$ _____
 - ⇒ Budgeted net profit: \$ _____
 - ⇒ Expected number of:
 - ⇒ Exhibitors: _____
 - ⇒ Trade Visitors: _____
 - ⇒ Delegates: _____
 - ⇒ Paying Visitors: _____

25. Please provide the following details or attach a copy of the latest budget and show the date it was last updated:

- ⇒ Budgeted Expenses:
 - ⇒ General Administration: \$ _____
 - ⇒ Printing, promotion and advertising: \$ _____
 - ⇒ Venue Hire: \$ _____
 - ⇒ Facilities and equipment rental: \$ _____
 - ⇒ Communications costs: \$ _____
 - ⇒ Wages, salaries and benefits: \$ _____
 - ⇒ Travel and entertainment costs: \$ _____
 - ⇒ Set up and running costs (other than detailed above): \$ _____
 - ⇒ All other items: \$ _____
 - ⇒ **Total Expenses:** \$ _____
- ⇒ Budgeted Gross Revenues:
 - ⇒ Registration Fees: \$ _____
 - ⇒ Rental of facility: \$ _____
 - ⇒ Venue Hire: \$ _____
 - ⇒ Advertising income and program: \$ _____

Event Details:

⇒ T.V. Rights: \$ _____
 ⇒ All other Revenue: \$ _____
 ⇒ Total Gross Revenue: \$ _____
 ⇒ Less Total Expenses: \$ _____
 ⇒ Net Profit: \$ _____

26. Do these sums represent the full extent of your financial responsibilities? Yes No
 If no, please give full details: _____

27. Is/are the event(s) held in conjunction with or dependent upon another event? Yes No
 If yes, please describe: _____

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28. Will the non-appearance of any speaker cause cancellation or abandonment? Yes No
 If yes, please give full details: _____

29. Is/are any part of the event(s) to be held in the open air, under canvas or in temporary structure? Yes No
 If yes, please give full details: _____

30. Is/are the venue(s) currently fully operational and planned to remain so until completion of event? Yes No
 If no, please give full details: _____

31. Please describe the experience of the organizers of this event with events of the type and size proposed _____

32. Has/have the event(s) been held before, under the present management or any other? Yes No
 If yes, where and how often? _____

33. Has there ever been a loss at other exhibitions operated / sponsored by the applicant? Yes No
 If yes, please give full details: _____

34. Is the applicant aware of any matter, fact, circumstance or incident existing or threatened that could possibly affect the event(s) and might result in a loss under this insurance? Yes No
 If yes, please give full details: _____

Limit of Liability:

35. Limit of Liability required: \$ _____

Attachments:

- 36. Venue Tenancy Contract.
- 37. Budget.
- 38. Brochures/Promotional Material.

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**