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REQUEST FOR CUSTOMIZED EXHIBITOR INSURANCE FORM

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1. Show Name: \_\_\_\_\_

2. Show Website: \_\_\_\_\_

3. Show Dates: \_\_\_\_\_

4. Move in -Move out Dates: \_\_\_\_\_

5. Show Venue: \_\_\_\_\_

6. City and State of Venue: \_\_\_\_\_

7. Additional Insured: \_\_\_\_\_

8. Certificate Holder Name & Address: \_\_\_\_\_

8. Type of Event (check all that apply):

Convention/Meeting \_\_\_\_\_ Tradeshow/Exposition \_\_\_\_\_ Consumer Show \_\_\_\_\_ Other \_\_\_\_\_

9. Description of Event: \_\_\_\_\_

10. Are there any demonstrations: yes \_\_\_\_\_ no \_\_\_\_\_ If yes, please describe \_\_\_\_\_

11. Deadline Date for Exhibitors to apply for Insurance: \_\_\_\_\_

12. Is it mandatory for Exhibitors to have General Liability Insurance for this show: Yes \_\_\_\_\_ No \_\_\_\_\_

13. Estimated Attendance of show: \_\_\_\_\_

14. Estimated Number of Exhibitors: \_\_\_\_\_

15. Date Exhibitor Kit is being mailed: \_\_\_\_\_

16. Date you need brochure: \_\_\_\_\_

17. Would you like to be copied on confirmation emails sent to Exhibitors: Yes \_\_\_\_\_ No \_\_\_\_\_

18. Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_