



GENERAL LIABILITY INSURANCE REGISTRATION

Each exhibitor can register online at www.showinsurance.com or mail* / fax this form with payment to: Show Insurance, Inc. 30285 Bruce Industrial Parkway, Suite B, Solon, OH 44139. Phone: 440-349-6650, Fax: 440-815-2154; Email: info@showinsurance.com

Payment Schedule
Cost of Insurance

Online Discount
\$105

Mail/Fax
\$105



COMPANY INFORMATION

Exhibiting Company / Insured: Booth Numbers:

Address:

City: State/Zip:

Country: Contact:

Telephone: Email:

VENDOR INFORMATION

Please indicate vendor type:

Product or Service Display Exhibitor
 Product Demo Static
 Exhibitor without Sales
 Art / Artist
 Other; if other please specify

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

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

If yes, please specify

METHOD OF PAYMENT

BY SIGNING BELOW YOU AUTHORIZE SHOWINSURANCE.COM TO CHARGE YOUR CREDIT CARD

Company Check Payable to: Show Insurance Inc. Checks must be in U.S. funds drawn against a U.S. Bank.

Payment Form: (select one) Check American Express MasterCard Visa

Card Number

Expiration Date CVV/CVC/CID Code

Cardholder Name (Print):

Cardholder Address if different than above:

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 charged by the insurance company. I also understand all fees and charges are not refundable once they are incurred.

I accept and understand the terms and conditions:

Authorized Signature (type name):