

## GENERAL LIABILITY INSURANCE REGISTRATION



Each exhibitor can register online at [www.showinsurance.com](http://www.showinsurance.com) or mail\* / fax this form with payment to: Show Insurance, Inc. 3737 Park East Drive #204, Beachwood, OH 44122. Phone: 440-349-6650, Fax: 440-815-2154; Email: [info@showinsurance.com](mailto:info@showinsurance.com)

Payment Schedule  
Cost of Insurance

Online Discount  
\$100

Mail/Fax  
\$110



### 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	Wholesale Business	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): \_\_\_\_\_