

ShowDown® Exhibitor EVENT CANCELLATION INSURANCE APPLICATION

Tradeshows / Conventions / Meetings / Expositions / Consumer & Public Events

APPLICANT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

- 1 Name & address of organization applying for insurance _____

- 2 Are you a member of TSEA? Yes _____ No _____ If yes, TSEA member # _____

FOR QUESTIONS 3-8 PLEASE CHECK YES OR NO:

- 3 Will your booth be outdoors and/or under canvas? YES _____ NO _____
- 4 Will your booth require any unique installation and/or construction work? YES _____ NO _____
- 5 Have you made all necessary arrangements to attend the event? YES _____ NO _____
- 6 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES _____ NO _____
- 7 Have you ever sustained an insured loss? YES _____ NO _____
- 8 Is the applicant aware of any circumstances, actual or threatened, that may possibly result in a claim under this insurance? YES _____ NO _____

EVENT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

- 9 Name of event _____
- 10 Type of event (check all that apply)
 Convention/Meeting _____ Tradeshow/Exposition _____ Consumer/ Public Show _____ Other _____
- 11 Lease Dates: Move In Date: _____ Move out Date: _____
- 12 Event Dates: Start Date: _____ End Date: _____
- 13 Name & location of venue event will be held
 Name _____
 City _____ State _____

LIMIT / PREMIUM OPTIONS (PLEASE CHECK ONE)

| | LIMIT | PREMIUM (INCLUDING TAXES & FEES) | |
|----|----------------|----------------------------------|-----------------|
| | | TSEA MEMBER | NON-TSEA MEMBER |
| A) | _____ \$10,000 | \$150 | \$250 |
| B) | _____ \$25,000 | \$325 | \$450 |
| C) | _____ \$50,000 | \$600 | \$750 |
| D) | \$ _____ | Referral | Referral |

DISCLAIMER

To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosures or misrepresentation of a material fact will entitle the company to void the insurance. I understand that signing this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form the basis of the insurance.

- PRINT NAME _____ EMAIL _____
- SIGN NAME _____ PHONE # _____
- TITLE _____ DATE _____

Send Application and Payment to:

**John Buttine Inc.
125 Park Avenue, third floor
New York, NY 10017
or Fax to 212.504.8084**

Any Questions, Please Contact: Kendra Reilly at 212.697.1010 ext 49 or kar@buttine.com.

Application MUST be submitted at least 14 DAYS prior to Event Start Date.