

**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

\_\_\_\_\_

\_\_\_\_\_

**FOR QUESTIONS 3-8 PLEASE CHECK YES OR NO:**

- 2 Will your booth be outdoors and/or under canvas? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3 Will your booth require any unique installation and/or construction work? YES \_\_\_\_\_ NO \_\_\_\_\_
- 4 Have you made all necessary arrangements to attend the event? YES \_\_\_\_\_ NO \_\_\_\_\_
- 5 Have all necessary licenses, visa, and/or permits been obtained and have all contractual arrangements been confirmed in writing? YES \_\_\_\_\_ NO \_\_\_\_\_
- 6 Have you ever sustained an insured loss? YES \_\_\_\_\_ NO \_\_\_\_\_
- 7 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)**

8 Name of event \_\_\_\_\_

9 Type of Event (check all that apply)

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

10 Lease Dates: Move In Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

11 Event Dates: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

12 Name & location of venue event will be held

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**LIMIT / PREMIUM OPTIONS (PLEASE CHECK ONE)**

	<u>LIMIT</u>	<u>PREMIUM (INCLUDING TAXES &amp; FEES)</u>
A)	_____ \$10,000	\$250
B)	_____ \$25,000	\$450
C)	_____ \$50,000	\$750
D)	\$ _____	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.  
33 East 33rd Street, 5th Floor  
New York, NY 10016  
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.**