



GENERAL LIABILITY INSURANCE REGISTRATION FORM

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



	Mail / Fax	Online
Pay prior to 12/3/2013	\$110	\$100
Pay after 12/3/2013	\$125	\$115
Pay after 12/23/2013	\$175	\$150

COMPANY INFORMATION

Exhibiting Company Name: _____ 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
 Beauty Exhibitor
 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: (circle 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: _____