
REQUEST FOR CUSTOMIZED EXHIBITOR INSURANCE FORM

1. Show Name: _____

2. Show Website: _____

3. Show Dates: _____

4. Move in -Move out Dates: _____

5. Show Venue: _____

6. City and State of Venue: _____

7. Additional Insured: _____

8. Certificate Holder Name & Address: _____

8. Type of Event (check all that apply):

Convention/Meeting _____ Tradeshow/Exposition _____ Consumer Show _____ Other _____

9. Description of Event: _____

10. Are there any demonstrations: yes _____ no _____ If yes, please describe _____

11. Deadline Date for Exhibitors to apply for Insurance: _____

12. Is it mandatory for Exhibitors to have General Liability Insurance for this show: Yes _____ No _____

13. Estimated Attendance of show: _____

14. Estimated Number of Exhibitors: _____

15. Date Exhibitor Kit is being mailed: _____

16. Date you need brochure: _____

17. Would you like to be copied on confirmation emails sent to Exhibitors: Yes _____ No _____

18. Contact Name: _____ Phone: _____ Email: _____