

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 _____ TSEA Number _____

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 _____ |

LIMIT / PREMIUM OPTIONS (PLEASE CHECK ONE)

	<u>LIMIT</u>	<u>PREMIUM (INCLUDING TAXES & FEES)</u>	
		<u>TSEA MEMBER</u>	<u>NON-TSEA MEMBER</u>
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 TWO weeks prior to Event Start Date.