



## EXHIBITOR LIABILITY INSURANCE APPLICATION & ENROLLMENT FORM

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

### EXHIBITOR LIABILITY INSURANCE

- 1. Coverage Description** Provides Commercial General Liability Insurance to meet the requirements of typical booth space sales agreement.
- 2. Limits of Insurance** \$1,000,000 per occurrence, \$2,000,000 annual aggregate
- 3. Additional Insured** Show Management and the Venue

### ADMINISTRATION

- 1. Cost (New Pricing)** Varies, depending on length of show (see page 2)
- 2. Insurance Becomes Effective** Upon confirmation from John Buttine Inc.  
Booth liability applies for lease dates of event.
- 3. Note** Please call for a copy of the policy terms and conditions

### EVENT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Show Name: \_\_\_\_\_

Type of Event (check all that apply): Convention/Meeting\_\_\_ Tradeshow/Exposition\_\_\_ Consumer Show\_\_\_ Other \_\_\_\_\_

Show Dates: \_\_\_\_\_ Move In to Move Out Dates: \_\_\_\_\_

Show Facility: \_\_\_\_\_ Show Management Company: \_\_\_\_\_

Contact at Show Management: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

### APPLICANT INFORMATION (PLEASE PRINT CLEARLY OR TYPE)

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Booth Activity/Description: \_\_\_\_\_

\_\_\_\_\_

Have you had any losses in the past 5 years? Yes \_\_\_ No \_\_\_ If yes, please provide details of all losses, claims & incidents: \_\_\_\_\_

### QUESTIONS

**Please Contact:**

**Buttine Underwriters Purchasing Group, LLC**

**Attn: Kendra Reilly**

**Phone: 212-697-1010 ext. 49**

**Email: kar@buttine.com**

## PREMIUM OPTIONS

Length of Show	Cost
_____ 1-3 days	\$100 (Includes all applicable fees)
_____ 4-10 days	\$125 (Includes all applicable fees)

## PAYMENT INFORMATION

Payment must accompany the application. We accept Visa and MasterCard. We DO NOT accept American Express. Checks are accepted if drawn on US funds. International checks are subject to an additional fee.

Total Amount Due: \$ \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check enclosed

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT

This Agreement is entered into between Buttine Underwriters Purchasing Group LLC (BUPG) a Maryland corporation, and the applicant.

WHEREAS BUPG is a risk purchasing group formed pursuant to Maryland law and the Risk Retention Amendments of 1986 Act in order to permit a group of individuals who share common or similar liability exposures to join together to purchase liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to BUPG that Applicant is engaged in the exhibition industry and is exposed to liability risks which are the same or similar to those of the other members of the group;

WHEREAS Applicant seeks to insure its own risks by purchasing liability insurance under the group insurance policy issued to the group through BUPG.

NOW THEREFORE, the parties Agree as follows:

- 1 BUPG agree that as of the effective date of this Agreement, Applicant is a member of the risk-purchasing group and is eligible to participate in certain group liability insurance policies, including endorsements and renewals, which is issued to BUPG for the benefit of its members.
- 2 Except as otherwise provided herein, so long as Applicant satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, BUPG shall permit Purchase to participate in and be insured under insurance.
- 3 Applicant shall pay all premium, which are billed to it for insurance not later than the date insurance coverage is bound.
- 4 Applicant shall promptly pay a non-refundable fee. This fee must be paid not later than the date insurance coverage is bound.
- 5 Applicant shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance. Applicant understands that its failure to meet such underwriting criteria may result in the no-renewal of its coverage under Insurance
- 6 Termination
  - a. This Agreement shall terminate:
    - i. Upon failure of Applicant to pay the membership fee or any premiums for insurance as required under the Insurance and this Agreement. Applicant shall cease to be a member of the purchasing group at such time as the premium is past due. However if the past due premium or membership fee is subsequently paid, BUPG may, in its sole discretion, reinstate Applicant's membership
    - ii. Upon the expiration date of the insured event(s) listed.
  - b. This Agreement may be terminated by BUPG
    - i. If there is a change in the business of Applicant which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act.
- 7 Indemnification. Applicant agrees to indemnify and hold harmless BUPG for any liability or expenses, including costs of defense, which BUPG may incur as a result of acts or omissions of Applicant of any of its employees or agents including incorrect or false statements of fact intentionally made to BUPG

## DISCLAIMER

### THIS IS NOT A BINDER OF COVERAGE

The statements and answers given on this application are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. The application and materials submitted with this application shall be the basis of the insurance contract should a policy be issued, and shall be attached to and form part of the policy.

False information: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, will void the insurance.

Print Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_