

General Liability Insurance Application

APPLICANT INFORMATION

Name & address of organization applying for insurance _____

Contact Name _____

Email Address _____

Booth Activity/Description: _____

Will you be serving alcohol in your booth: _____

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

EVENT INFORMATION

Event Name BCB 2022

Venue Industry City

Event Dates June 14-15, 2022 Coverage Dates _____

Coverage Requested: General Liability Insurance _____ Liquor Liability _____

Type of Event Tradeshow/Exposition Hours of Event _____ AM/PM to _____ AM/PM

DECLARATION

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 _____ TITLE _____

SIGN NAME _____ DATE _____