

## Exhibitor Insurance Program Show Setup Form

### Company Information:

Company Name (Certificate Holder): \_\_\_\_\_

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

Contact First and Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Show Information:

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

Venue Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Show Dates: \_\_\_\_\_

Move in & Break Down Dates: \_\_\_\_\_

Show Required Limits: \$ \_\_\_\_\_ million per occurrence / \$ \_\_\_\_\_ million aggregate

Estimated Number of Exhibitors: \_\_\_\_\_

### Additional Insured(s) Name and Address:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Preferred Method for Updates:** Receive each Certificate of Insurance as they are purchased in real time, please use this email address: \_\_\_\_\_