

# Vendor / Exhibitor Equipment Coverage Form - Short Term

Policyholder Name:

Contact Name:

Mailing Address (in the United States) (International Exhibitors use the address of the Venue)

City:

State:

Zip Code

E-mail

Confirm E-mail

Phone Number

Are you aware of any known or potential equipment losses or claims as of today

Yes No

Effective Date (Start Date) of Policy: mm/dd/yyyy:

Expiration Date (End Date) of Policy: mm/dd/yyyy:

## Please Select and Complete Only One Option Below:

OPTION #1: Coverage for 1 to 15 Days Deductible per claim: \$250

Please select one of the following Limits and Price:

LIMIT	PRICE
\$3,000	\$115
\$5,000	\$165
\$10,000	\$275
\$25,000	\$625
\$50,000	\$1,175

Price Subtotal (From Above Choice) = \$

OPTION #2: Coverage for 15 to 30 Days Deductible per claim: \$250

Please select one of the following Limits and Price:

LIMIT	PRICE
\$3,000	\$148
\$5,000	\$225
\$10,000	\$395
\$25,000	\$925
\$50,000	\$1,775

### Price Subtotal (From Above Choice) = \$

Surcharges and Optional Coverage:

		inventory include Clothing, Computers and Electronics, s, Watches, Fine Arts, Wine or Craft Beer, Liquor?
YES	NO	
	If NO, please skip to If YES, please includ	the next question de the surcharge calculation below (15%)
(Price S	ubtotal from Page 1)	x \$1.15 = \$
		New Price Subtotal
	-	ge for theft from an unlocked vehicle. However, you can add additional price. Would you like to add this coverage?
YES	NO	
		o the Final Price Section de the surcharge calculation below (10%)
		x \$1.10 = \$

(Pice Subtotal)

**New Final Price** 

# **Final Premium and Payment**

### FINAL PRICE (including all optional coverages and surcharges:

### I understand that the following is excluded and not covered on the policy:

Jewelry, Coins, Stamps, Sports and Memorabilia Collectables, Furs, Bullion, Securities, Any type of Food or Beverages (except wine, craft beer or liquor), Guns and Ammo, Fireworks, and Antique Vendors. Chemicals, Fertilizers, Pharmaceuticals, Vitamins and Supplements, Pesticides, Motor Vehicles, Boats, ATVs, Recreational Vehicles, Watercrafts, and Tractors

I Acknowledge these Exclusions	YES	Initials
--------------------------------	-----	----------

By signing this application, I understand that I have completed this form to the best of my knowledge. I also understand that any misrepresentations on this application can result in coverage being voided.

**Applicant Name:** 

Date:			

# **CREDIT CARD FORM Is On The Next Page**

### **CREDIT CARD PAYMENT AUTHORIZATION FORM**

(Note: Due to the carrier needing to receive full payment, a 3% credit card processing fee will be added to your charge)

Amount to be charged	\$
Credit Card type (MC/Visa/Amex/Disc)	
Credit Card #	
Card CV2 # (Code)	
Expiration Date (dd/mm/yyyy)	
Billing Address	
City & State	

Billing Zip Code

Name on Card

I Authorize Rainprotection Insurance to Charge this Credit Card

YES

Date

Enter Your Name Below