



NACS Liability Insurance Program

Please email completed application to info@jdfulwiler.com

Online Application Available at www.JDFULWILER.com/NACS

CONTACT INFORMATION

Are you an active NACS member? Yes No

Show Manager/Contact Name: _____

Company Name: _____

Physical Address (no P.O. Box #'s):

_____ *Street Address* *City* *State* *Zip*

Phone Number: _____ Email Address: _____

SHOW INFORMATION

Show Name: _____

Show Description: _____

Show START Date: _____ Show END Date: _____

Coverage START Date: _____ Coverage End Date: _____
including setup *including tear down*

Show Location (Venue Facility Name): _____

Show Location Address:

_____ *Street Address* *City* *State* *Zip*

ADDITIONAL INSURED *(if you require more, there is additional room at the end of the application)*

Additional Insured Name: _____ Role/Involvement in Show: _____

Additional Insured Address:

_____ *Street Address* *City* *State* *Zip*

Additional Insured Wording *(Please provide copy of your facility/venue contract if available):*

COVERAGE ELIGIBILITY QUESTIONS

Is the event Indoor, Outdoors or Both?

Indoor

Outdoor

Both

Please describe Outdoor exposure if applicable: _____

How many years has this event been held under the present manager? _____

During this time has the insured had any liability claims regarding this event?

Yes

No

Will the event feature any musical performances?

Yes

No

Excluded Activities (please mark all activities that will be at your event show):

Yes	No	Amusement Devices i.e. inflatables, bounce houses, moon bounce, etc.			
Yes	No	Aircraft Including Drones	Yes	No	Camping
Yes	No	Bungee Jumping	Yes	No	Open Water Exposures
Yes	No	Cannabis Consumption	Yes	No	Boating & Water Activities
Yes	No	Carnivals	Yes	No	Paint Ball
Yes	No	Childcare Operations	Yes	No	Parachuting
Yes	No	Circuses/Circus Acts	Yes	No	Parasailing
Yes	No	Drivers Education	Yes	No	Raves
Yes	No	Evangelistic Meetings	Yes	No	Rodeos
Yes	No	Faith Healing	Yes	No	Roping Events
Yes	No	Event w/ Prior Loss over 5K	Yes	No	Roller Coasters
Yes	No	Exotic Animals	Yes	No	Saddle Animals
Yes	No	Fireworks & Pyrotechnics	Yes	No	Skate Boarding
Yes	No	Open Flames	Yes	No	Skiing Activities
Yes	No	Go Kart Races	Yes	No	Sky Diving
Yes	No	Gun & Knife Exhibitors	Yes	No	Slam Dancing
Yes	No	Haunted House	Yes	No	Tattoo/Body Piercing
Yes	No	Hang Gliding/Skydiving	Yes	No	Tobogganing
Yes	No	Hot Air Balloon Rides/Event	Yes	No	Tractor Pulls
Yes	No	Flying Classes	Yes	No	Trail Rides
Yes	No	Laser Tag	Yes	No	Trampolines
Yes	No	Luge	Yes	No	War Games/Re-Enactments
Yes	No	Motorized Sporting	Yes	No	Water Slides
Yes	No	Ride & Drives	Yes	No	Live Ammunition
Yes	No	Overnight Event	Yes	No	Sharpened Blades

EXHIBITOR/VENDOR PROGRAM

It is a requirement of the NACS General Liability Coverage program that each of your exhibitors/vendors carry their own insurance and name the event organizer as an additional insured. It is not considered in the rating of this program to take on the responsibilities and negligence of a vendor or exhibitor at a covered event. This allows us to offer our most competitive pricing. To simplify this process for you, we have created an exhibitor program which will give your exhibitors and vendors the ability to purchase instant coverage naming you as additional insured for the low cost of \$65 per show.

Will you require all vendors/exhibitors to have their own coverage naming you as additional insured? Yes No

Would you like an exhibitor coverage program link set up for you? Yes No

LIABILITY RATING

Anticipated DAILY Attendance: _____ Anticipated TOTAL Attendance: _____

Inside TOTAL Attendance: _____ Outside Total Attendance: _____

Optional Increased General Liability Limits:

No Increased Limits	\$3M/\$3M (min AP \$750)
\$2M/\$2M (min AP \$500)	\$4M/\$M (min AP \$1,000)

Optional Coverages as Needed/Required by Venue:

- Special AI Charge (\$100 AP)
- Primary & Non-Contributory (\$100 AP)
- Waiver of Subrogation (\$100 AP)
- Hired & Non-Owned Auto Liability \$1M Limit (\$250 AP)*
- Hired & Non-Owned Auto Liability \$2M Limit (\$350 AP)*
- Damage to Rented Premises \$1M Limit (\$100 AP)
- Damage to Rented Premises \$2M Limit (\$150 AP)
- Medical Payments \$5,000 Limit (\$50 AP)
- Medical Payments \$10,000 Limit (\$100 AP)
- Inland Marine Coverage \$50,000 Limit/\$2,500 Deductible (\$150 AP)*

**If yes, please complete additional underwriting questions at end of the application*

CANCELLATION COVERAGE

Would you a quote for cancellation coverage? Yes* No

**If yes, please complete additional underwriting questions at end of the application*

DECLARATION & SIGNATURE

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 policy.

Print Name of Applicant	Title
Signature of Applicant	Date

Payment is required to bind coverage. Payment does not confirm coverage is bound or considered in effect until confirmed directly with licensed agent and you have received certificate of insurance as proof of coverage. We will send you payment information after reviewing your application.

NOTICE TO APPLICANTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS AND NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ADDITIONAL INSUREDS

Additional Insured Name: _____ Role/Involvement in Show: _____

Additional Insured Address:

Street Address *City* *State* *Zip*

Additional Insured Wording *(Please provide copy of your facility/venue contract if available):*

Additional Insured Name: _____ Role/Involvement in Show: _____

Additional Insured Address:

Street Address *City* *State* *Zip*

Additional Insured Wording *(Please provide copy of your facility/venue contract if available):*

Additional Insured Name: _____ Role/Involvement in Show: _____

Additional Insured Address:

Street Address *City* *State* *Zip*

Additional Insured Wording *(Please provide copy of your facility/venue contract if available):*

OPTIONAL COVERAGE SUPPLEMENTAL QUESTIONS

Hired & Non-Owned Liability

Is the venue requiring the coverage as your exhibitors and subcontractors are using the loading dock? Yes No

Do you have in your contract that exhibitors and subcontractors need to have their own auto insurance? Yes No

Is there any other auto exposure we should be aware of? Yes No

Inland Marine

What type of property do you need coverage for? _____

What is the value of this property? \$_____

Will the property be stored overnight? Yes No
If yes, please provide details on how it will be stored:

Will the Insured be responsible for transporting the property? Yes No
If yes, please provide details on how it will be transported:

If no, who is transporting the property?

Will the property always stay in the possession of the insured prior to returning to the rental company? Yes No

If no, please explain:

CANCELLATION COVERAGE

Type of Event:

- Convention/Meeting
- Tradeshow/Exposition
- Consumer Show
- Other: _____

Would you like a quote for Gross Revenue or Expenses? Gross Revenue Expenses
 Budgeted Gross Revenue: _____ Budgeted Expenses: _____

What percentage of your gross revenue comes from Exhibitor Fees: _____

What percentage of your gross revenue comes from Gate Receipts? _____

Are there any additional Financial Commitments (room blocks, food & beverage, etc.) not included in the expenses listed above that you would like to insure? Yes No

Does the event include teleconferencing? Yes No

Will the event be held outdoors and/or under a canvas? Yes No

Is the event open to the public? Yes No

Will the event require construction work? Yes No

Will adverse weather preclude the fulfillment of the event? Yes No

Have all necessary arrangements for successful fulfillment of the event been made? Yes No

Have all necessary licenses, visas, and/or permits been obtained and have all contractual arrangements been confirmed in writing? Yes No

Has the event to be insured ever sustained an insured loss? Yes No

Would the non-appearance of any individual preclude the successful fulfillment of the event? Yes No

Is the applicant aware of any circumstances, actual or threatened that may possibly result in a claim under this insurance? Yes No

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 policy.

Print Name of Applicant	Title
Signature of Applicant	Date