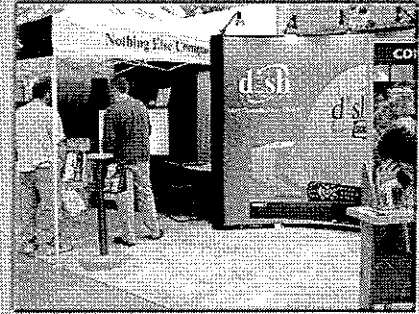




TRADESHOW & CONSUMER SHOW EXHIBITORS

Liability Insurance Program and Enrollment Form



K&K Insurance • 1712 Magnavox Way • Fort Wayne, IN 46804 • (800) 328-2317 • Fax (260) 459-5502
www.kandkinsurance.com • CA #0034819

Program Description

This insurance program has been specifically designed for the exhibitors who are selling, displaying, demonstrating or promoting their products and services away from any owned or long term leased premises locations at a tradeshow or consumer show. This insurance does not cover loss or damage to your property, stock or inventory.

Eligible Operations

Those exhibitors and vendors marketing products and services on a temporary basis at a trade or consumer show.

Ineligible Operations

- Alcoholic Beverage Sales
- Medical Testing
- Nutritional/Health Supplements
- Permanent Tattooing
- Watercraft Exhibits on Water
- Haunted Attractions
- Oxygen/Aromatherapy Bars
- Tobacco Products
- Store Front Operations
- Weapon Sales
- Hot Wax Impressions
- Fireworks Sales & Displays
- Live Animals
- Weight-loss Plans/Products
- Vehicles in Motion
- Christmas tree Retail Lots
- Installation/Service/Repair of products
- On-site Equipment Sales
- Time Share Sales
- Body Piercing
- Motor Sports Activities
- Corn or Hay Mazes
- Mechanical or Inflatable
- Amusement Devices
- Ecommerce Selling

Liability Coverage and Limits

Commercial General Liability coverage protects the insured against any liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations; and advertising and personal injury liability. There is no deductible that applies to liability claims.

<u>Coverage</u>	<u>Limits</u>
General Aggregate	\$ 2,000,000
Products-Completed Operations Aggregate	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Personal & Advertising Injury	\$ 1,000,000
Medical Expense	\$ 5,000
Damage to Premises Rented to You	\$ 300,000

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual insurance policy for complete information regarding coverage terms, conditions and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group.

Notable Exclusions

- Abuse or Molestation
- Employment Related Practices
- Lead
- Asbestos
- Fireworks
- Fungi or Bacteria
- Designated Operations Exclusion – Those activities listed as ineligible.

Carrier

Coverage is provided by a carrier rated A+ (superior) by AM Best.

Premium

Coverage is available per single event. 100% of the premium is fully earned at the inception date and is not refundable in the event of cancellation. Premiums are based upon size of booth.

<u>Size of booth</u>	<u>Premium</u>	<u>Size of Booth</u>	<u>Premium</u>
0-100 sq. feet	2006 Rates will	301-400 sq. feet	2006 Rates will
101-200 sq. feet	Not be available	401-500 sq. feet	Not be available
201-300 sq. feet	Until February 2006	501-600 sq. feet	Until February 2006

If your booth space is larger than 600 square feet, please contact our office at 800-328-2317.

How to Obtain Coverage

1. Complete the enrollment form, pages 3 & 4, provided with the brochure.
2. Remit the completed and signed enrollment form and corresponding premium payment to:
K&K Insurance Group
Concessionaires/Exhibitors Program
1712 Magnavox Way, Fort Wayne, IN 46804
If paying by credit card, fax to 260-459-5502 Phone 1-800-328-2317
Premium and enrollment form must be received in our office 10 days prior to the requested dates.
3. You will be notified by K&K if, for any reason, your submission to this insurance is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. If your enrollment is accepted, you will receive a Certificate of Insurance indicating coverage.
5. Coverage will become effective the day the enrollment form and premium payment are received by K&K, or the date that is specified on the enrollment form.





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**TRADESHOW & CONSUMER
 SHOW EXHIBITORS
 Liability Enrollment Form**

This form must be completed, signed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms you desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

Insured Information

Name: _____
 Trade Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Name: _____
 Phone: _____ Fax: _____ Cell Phone: _____
 Email Address: _____ Web Site: _____
 Form of business: Individual Partnership/Joint Venture Limited Liability Company Trust
 Other _____
 Number of years you have been in business as a vendor: _____
 What type of products are sold, handled or displayed? _____

 What is the total of your exhibit spaces? _____ sq. ft.

Event Information

1. Name of event: _____
 2. Date(s) of event: _____
 3. Location of event:
 a. Venue Name: _____
 b. Address: _____
 City, State: _____
 4. Additional Insured: _____

 5. Additional Insured Address: _____
 City: _____ State: _____ Zip: _____
 Relationship of Additional Insured:
 Landowner/Manager of premises Sponsor Organizer of Event
 Fax Certificate to the attention of: _____ at: (_____) _____
 Date Certificate needed by: ____/____/____.

Premium Calculation (check one)

Size of Booth	Premium	Size of Booth	Premium
<input type="checkbox"/> 0-100 Sq. Feet	2006 Rates will	<input type="checkbox"/> 301-400 Sq. Feet	2006 Rates will
<input type="checkbox"/> 101-200 Sq. Feet	Not be available	<input type="checkbox"/> 401-500 Sq. Feet	Not be available
<input type="checkbox"/> 201-300 Sq. Feet	Until February 2006	<input type="checkbox"/> 501-600 Sq. Feet	Until February 2006

Reminder:

- Premiums are 100% Fully earned at inception and nonrefundable
- Premium and enrollment form must be received in our office 10 days prior to the requested effective dates.
- If you operate more than one trailer/booth, or booth greater than 100 sq. feet, please contact K&K Insurance Group at 800-328-2317, for your premium.

PLEASE READ AND SIGN

WARRANTY & DISCLOSURE STATEMENT

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

K&K Insurance Group, as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to; underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty two percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book and records may be examined or audited by the insurance company at any time during the coverage period and up to three years thereafter. Intentional misrepresentation or misreporting may jeopardize coverage.

I further acknowledge that, I have reviewed all information provided with this enrollment form and understand the exclusions which apply, as well as the activities and operations for which coverage is not provided.

Applicant Signature: _____ Printed Name: _____
Title: _____ Date: _____

INSURANCE AGENT INFORMATION

To be completed by the licensed agent representing the insured, if any.

Agency Name: _____
Agency Mailing Address: _____
City: _____ State: _____ Zip: _____
Agent/Contact Name: _____
Agency Telephone : () _____ Agency Fax: () _____
Agent/Contact Email Address: _____
Do you have existing business with K&K Insurance?..... Yes No
For additional information regarding other programs, log onto our website at www.kandkinsurance.com.
(For K&K use only) Agency ID# _____

Note: There are no commissions included in this program. A fee may be separately charged, subject to state insurance regulations. Agents do not have authority to issue binders or certificate of insurance on behalf of this program.

Mailing Instructions: Please refer to page 2, "How to Obtain Coverage" number 2.

Making Your Payment: Please check payment option.

Check: Please make check payable to K&K Insurance Group, Inc. Enclosed is check # _____ for \$ _____
Credit Card: If you are making your payment by credit/debit card, please complete the following:
I authorize K&K Insurance to charge my premium payment to my credit card in the amount of \$ _____
VISA MASTERCARD DISCOVER
Card Number: _____
Reference Number (last 3 digit # on back of card): _____ Expiration Date: _____
Print Name (as on card): _____
Cardholder Signature: _____