

Agency: \_\_\_\_\_

Location: \_\_\_\_\_

# EXHIBITION COVERAGE

Proposed Effective Date: \_\_\_\_\_

Proposed Expiration Date: \_\_\_\_\_

## A. APPLICANT INFORMATION

1. Named Insured: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Entity:  Individual  Corporation  Sub Chapter S Corp.  Partnership  
 Joint Venture (H) Non-Profit Organization
4. Years in business: \_\_\_\_\_
5. Inspection Contact: \_\_\_\_\_
6. Accounting Records Contact \_\_\_\_\_
7. Description of Operations: \_\_\_\_\_
8. Any other insurance with this company or being submitted? \_\_\_\_\_

## B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years?  Yes  No If yes: \_\_\_\_\_
2. Prior Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_
3. Loss History  
Describe all losses to the property of others which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

## C. UNDERWRITING INFORMATION

### Specific Exhibition

Description of property on Exhibition \_\_\_\_\_

1. Limit of Insurance: \_\_\_\_\_
2. Deductible: \_\_\_\_\_
3. Date(s) of Exhibition: \_\_\_\_\_
4. Location of Exhibition: \_\_\_\_\_
5. Property will be shipped to the Exhibition from the following location: \_\_\_\_\_
6. After the Exhibition, property will be shipped to the following location: \_\_\_\_\_
7. Property will be shipped via:  
 Common Carrier (name): \_\_\_\_\_  
 Contract Carrier: \_\_\_\_\_  
 Express Delivery Service: \_\_\_\_\_

