GENERAL LIABILITY INSURANCE - REGISTRATION FORM

$1,000,000 Per Occurrence / $1,000,000 Aggregate

Show Management and Convention Facilities around the country require exhibitors to carry general liability insurance. Show Insurance has made it easy to get coverage for one show or your entire show year.

PREMIUM RATES AND BENEFITS - PLEASE CHECK ALL PLAN NUMBERS THAT APPLY.

_____ **1 Day - $89.00**
_____ **2-5 Days - $109.00**
_____ **6-10 Days - $179.00**
_____ **Six Months - $500.00**
_____ **Annual - $950.00**
_____ **Additional 5% of total premium to increase general aggregate to $2,000,000.00**

COMPANY INFORMATION - COMPLETE AND RETURN OR REGISTER AT **www.showinsurance.com/metro**

Exhibiting Company Name:_____ Booth Numbers:_____

Address:_____

City:_____ State:_____

Country:_____ Zip:_____

Telephone:_____ Fax:_____

E-Mail Address: Show Contact:

Important: Please note that this is a general liability insurance policy and does not cover any loss or damage to your property, including your exhibit display, products and/or materials at the show or in transit to or from the show.

METHOD OF PAYMENT - BY SIGNING BELOW YOU AUTHORIZE SI TO CHARGE YOUR CREDIT CARD

Company Check Payable to: Show Insurance Inc. Checks must be in U.S. funds drawn against a U.S. Bank.

Payment Form: (circle one) Check American Express MasterCard Visa

Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Expiration Date |___|___|-___|___|-___|___|___|___| CVV/CVC/CID Code_____

Cardholder Name (Print):_____

Cardholder Address if different than above:_____

Has any prior coverage been cancelled or non-renewed? _____ Yes _____ No

Name, Address and Relationship of all additional insured to be added to the policy:
1.) _____ 2.) _____ 3.) _____

_____ _____ _____

_____ _____ _____

No coverage is bound until you receive a certificate of insurance and payment is made. Show Insurance reserves the right to return your payment and not bind coverage. Coverage and a certificate of insurance will be bound within 1 business day. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties. I certify that the above information is true and coverage is not applicable until notified by broker. I understand that this insurance policy does not cover any loss or damage to my products, materials and exhibit display while at the show or in transit to and from the show.

Signature:_____

Show Insurance, Inc.
30285 Bruce Industrial Parkway, Suite B
Solon, OH 44139

Online: **www.showinsurance.com/metro**
Fax: **440-815-2154**
Phone: **440-349-6650**