

EXHIBITION FLOATER APPLICATION

APPLICANT INFORMATION

Name _____

Address _____

City, State, Zip _____

Telephone _____

Policy Dates: _____ Business Description: Individual Partnership Corporation Other _____

Years in business _____ Nature of Business _____

Property to be covered _____

Exhibitions - Include conventions, trade shows, etc.

a) Number and descriptions of exhibitions to be covered _____

b) Dates _____

c) Locations _____

d) Limit per location _____

e) Transit limit and method _____

f) Security provided at locations _____

THREE YEAR LOSS EXPERIENCE

Date

Losses (description and amounts paid and incurred)

Comments _____

Date: _____

Applicant Signature

Producer Name, Address & Signature