

## PROGRAM DESCRIPTION

This program has been designed for exhibitors and/or vendors who are selling, displaying, demonstrating or promoting their products or services at trade or consumer shows produced by Informa Exhibitions.

Coverage is provided by a carrier rated A+ (Superior) by A.M. Best Company.

## INELIGIBLE OPERATIONS

Operations not eligible for this program include, but are not limited to the following:

- Alcoholic beverage sales
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Contractors (lighting, stage, sound, etc.)
- Cryogenic chambers/therapy
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Hot wax impressions
- Leasing/rental operations
- Mazes (corn, hay, fence)
- Medical testing
- Motorsports activities
- Nutritional or health supplements, except for informational and display purposes
- On-site installation, service or repair of products
- On-site equipment sales & rental
- Oxygen or aromatherapy bars
- Paintball equipment/ accessories
- Photographers (unless a home-based wedding photographer)
- Protective equipment or apparel
- Storefront operations
- Tobacco products (including e-cigarettes/ vapor products)
- Toys (for ages 4 and under)
- Unmanned aircraft systems (e.g.: drones, RC aircrafts)
- Vehicles in motion
- Watercraft exhibits on water
- Weapon sales
- Weight loss plans or products, except for informational and display purposes
- Wholesale business operations

This brochure is for illustrative purposes only and is not a contract of insurance. You must refer to the actual policy for complete information regarding coverage terms, conditions and exclusions as they may change from one coverage period to the next. You may request a copy of the full policy by submitting a written request to us.

## ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Candles
- Caterers
- Celebrity, mascot or character appearances
- Cleaning accessories & products
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers or booths
- Gift wrap booths
- Hardware sales
- Health & beauty products
- Home based wedding vendors (caterers, DJs, florists, ice sculptors, decorators, photographers/ videographers)
- Kitchen or cookware accessories or appliances
- Lawn & garden equipment
- Literature distribution
- Micro reality race tracks
- Motorized equipment – static display
- Product demonstrations
- Product or service displays
- Souvenir sales
- Sports or camping equipment
- Toys (for ages 5 and over)
- Vehicle/boat display - static only

## WAYS TO ENROLL FOR COVERAGE

Submit this enrollment form, with payment, to K&K.



E-MAIL [info@eventinsurance-kk.com](mailto:info@eventinsurance-kk.com)



FAX 1-260-459-5502



MAIL

Regular:  
K&K Insurance  
Event RPG  
P.O. Box 2338  
Fort Wayne, IN 46801-2338

Overnight:  
K&K Insurance  
Event RPG  
1712 Magnavox Way  
Fort Wayne, IN 46804



QUESTIONS Call 1-800-328-2317

## EXCLUSIONS

The following represent only some of the exclusions contained in this policy.

- Abuse, molestation, harassment or sexual conduct
- All operations listed as ineligible
- Amusement devices (e.g.: rides, slides, inflatables, bungees, climbing walls, dunk tanks-does not apply to structures that are not designed to bounce on, slide on, ride on or tunnel through)
- Animals (injury or death to any animal or injury, death, or property damage caused by your animal)
- Asbestos
- Employment-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy liability
- Violations of statutes that govern emails faxes, or phone calls or other methods of operations

## COVERAGES AND LIMITS

<b>Commercial General Liability</b>	
Each Occurrence	\$ 1,000,000
General Aggregate (other than Products-completed Operations)	\$ 5,000,000
Products-completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Expense	\$ 5,000
<b>Cost</b>	
Coverage is available per single event. 100% of the cost is fully earned at the inception date and is not refundable in the event of cancellation. Cost is based upon size of booth and includes a \$20 Informa Exhibitions administration fee and a \$15 Risk Purchasing Group fee.	
0 - 100 sq. ft.	\$ 188.00
101 - 200 sq. ft.	\$ 265.00
201 - 300 sq. ft.	\$ 304.00
301 - 400 sq. ft.	\$ 343.00
401 - 500 sq. ft.	\$ 382.00
501 - 600 sq. ft.	\$ 421.00
<b>If your booth is larger than 600 square feet, please contact our office at 1-800-328-2317.</b>	

**Commercial General Liability with Broadening Endorsement** – coverage which protects the insured against liability claims for bodily injury and property damage arising out of premises, operations, products and completed operations and personal and advertising injury.

## FREQUENTLY ASKED QUESTIONS

**1. How soon does coverage start? When will we receive proof of coverage?**

Coverage can be bound the date after we receive a completed enrollment form and the appropriate premium. Please allow adequate time for us to process your enrollment form and issue certificates.

**2. When should we make our coverage effective?**

The effective date is the date you need your insurance to start. Coverage will be in effect for the time period selected, but cannot exceed more than one month, per event.

**3. Can I apply for coverage over the phone?**

Unfortunately, we are unable to take your information over the phone at this time. You can apply for coverage by completing an enrollment form and submitting it to us via e-mail, fax or mail.

**4. What is a general aggregate?**

The general aggregate is the maximum amount to be paid out in any policy period for all losses.

**5. Will we receive a policy after submitting the enrollment form?**

You will receive a certificate of insurance as proof of coverage. Coverage is offered exclusively through Sports, Leisure and Entertainment Risk Purchasing Group (RPG). The RPG receives a master policy from the company. Submission of this enrollment form confirms your desire to receive coverage through the RPG. Each member receives their own certificate of insurance as their evidence of coverage. The limits of insurance apply individually to each insured member organization-there are no shared limits of liability with any other members. A copy of the RPG master policy can be requested in writing to: K&K Insurance Group, Inc., 1712 Magnavox Way, Fort Wayne, IN 46804.



# Enrollment Form - Informa Exhibitions Trade Show & Consumer Show Exhibitors

Valid for effective dates from 1/1/17 through 12/31/17

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. An RPG provides group purchasing power for similar risks resulting in potential advantageous coverage terms, competitive rates, risk management bulletins, and rewards for favorable group loss experience. The submission of this enrollment form and/or acceptance of payment does not guarantee coverage. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

- TO AVOID PROCESSING DELAYS, PLEASE:**
1. Complete all sections (print legibly)
  2. Sign and date where required
  3. Remit completed enrollment form (pages 3-7) with payment

**GENERAL INFORMATION**

I am a new account                       I am renewing my coverage

Full legal name of business: \_\_\_\_\_

Note: This is the name that will appear on your Certificate of Insurance. If your company is a Sole Proprietorship, then this will be your personal name or DBA.

Applicant is a:  Sole Proprietorship     Limited Liability Co.     Corporation     Partnership  
 Other (describe): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**DATES**

Coverage can begin the day after the completed enrollment form and premium are received and approved by K&K, or on a later date you specify below.

Requested coverage dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Notes**

- Coverage dates cannot exceed one month
- The effective date should be the day after the completion of this form or a future date
- Expiration date should be the day after event ends. Coverage expires at 12:01 A.M.

**DOCUMENT DELIVERY**

You will receive a certificate showing evidence that coverage has been bound. This coverage document will be delivered via e-mail, unless otherwise indicated below. Please select only one option.

E-mail to: \_\_\_\_\_ attn: \_\_\_\_\_  
(selecting this option confirms your consent for coverage documents to be delivered via e-mail)

Fax to: \_\_\_\_\_ attn: \_\_\_\_\_

Mail to: \_\_\_\_\_ attn: \_\_\_\_\_

**EVENT INFORMATION**

1. Total square footage of your exhibit space: \_\_\_\_\_

2. Check the event you will be attending. Please check only one event. A separate enrollment form is required for each event.

Ingredient Marketplace - The Orlando World Center Marriot, Orlando, FL - April 18 - April 20, 2017

SupplySide West - Mandalay Bay Resort & Convention Center, Las Vegas - September 26 - September 30, 2017

**BUSINESS INFORMATION**

1. Check all that apply regarding your type of operations:
- Selling products/services  
Describe product/service: \_\_\_\_\_
  - Distribution of literature and/or display only  
Describe product/service being displayed/information being provided: \_\_\_\_\_
2. Are all of the event operations to be insured located within the United States?  Yes  No
3. Select one of the following that best describes your business operations:
- Customers can walk up to your booth, exhibit, tent, trailer, etc.  
Examples:
    - You are a food trailer and customers walk up to your window to obtain their food and they walk away. You do not provide seating
    - You are a game trailer and you open up the side of the trailer and customers play a game while standing outside of your trailer
 a. Provide your # of units (e.g.: trailer, push cart, table): \_\_\_\_\_
  - Customers are able to walk in, through and around your booth, exhibit, tent, trailer, etc.  
Examples:
    - You are a food vendor that also provides seating for your customers
    - You are a game trailer and customers enter your trailer to play games
 a. Provide your total square footage: \_\_\_\_\_
  - Micro reality race tracks a. Provide # of your tracks: \_\_\_\_\_
  - Home-based wedding vendor. Available only for a single event coverage period - use 1 unit rating

**PROGRAM COST**

**Please check the booth size and premium that is applicable. Cost includes a \$20 Informa Exhibitions administration fee and a \$15 Risk Purchasing Group fee.**

<b>\$ 1,000,000 Commercial General Liability Limit</b>						
<b>Booth Size</b>	<b>100 Sq. Ft.</b>	<b>101-200 Sq. Ft.</b>	<b>201-300 Sq. Ft.</b>	<b>301-400 Sq. Ft.</b>	<b>401-500 Sq. Ft.</b>	<b>501-600 Sq. Ft.</b>
<b>Cost</b>	<input type="radio"/> \$ 188.00	<input type="radio"/> \$ 265.00	<input type="radio"/> \$ 304.00	<input type="radio"/> \$ 343.00	<input type="radio"/> \$ 382.00	<input type="radio"/> \$ 421.00

**Contact us for operations with more than 600 sq. ft.**

**CERTIFICATE REQUESTS**

**Informa Exhibitions will automatically be provided an additional insured certificate.** Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

Note: Additional insureds are not automatically provided/issued per previous policy terms. You will need to request Additional Insureds that are needed for this policy term below.

Check the type of certificate you are requesting:  Additional insured  Evidence of coverage

Certificate holder information:

Entity name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to named insured:

Owner/lessor of premises  Sponsor  Co-promoter  Mortgagee

Franchisor  Lessor of equipment and contents

Other (please identify/explain): \_\_\_\_\_

Special certificate language needed (please explain/attach): \_\_\_\_\_

Date certificate needed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COVERAGE EXCLUSIONS**

The following exclusions are contained in the commercial general liability coverage provided by this program: Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Airport (the ownership, operation, maintenance, or use of any airfield or airport facility or premises. This exclusion does not apply to concessionaires, exhibitors, or vendors selling, displaying, demonstrating or promoting their products or services at any airfield or airport facility or premises); Amusement devices - the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide or water slide, any inflatable recreational device, any bungee operation or equipment, any vertical device or equipment used for climbing – either permanently affixed or temporarily erected, or dunk tank. Amusement devices do not include any video or computer games or structures that are not designed to bounce on, slide on, or tunnel through); Animals (injury or death to any animal, or injury, death or property damage caused by an animal owned, rented or hired by you); Asbestos, Commercial general liability standard exclusions (CG 0001 04/13 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Rodeos; Saddle animal; Snowmobile; Violation of statutes that govern emails, faxes, phone calls or other methods of operation; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots, Contractors (lighting, stage, sound, etc.); Cryogenic chambers/therapy; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Hot wax impressions; Leasing/rental operations; Mazes (corn/hay/fence); Medical testing; Motor sports activities; Nutritional or health supplement products, except for informational and display purposes; On-site installations, service or repair of products; On-site equipment sales and rental; Oxygen or aromatherapy bars; Paintball equipment/accessories; Photographers (unless a home-based wedding photographer); Protective equipment or apparel; Storefront operations; Tobacco products (including e-cigarettes/vapor products); Toys (for ages 4 and under); Unmanned aircraft systems (e.g.: drones, RC aircrafts) Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products, except for informational and display purposes; Wholesale business operations

**FOR K&K USE ONLY**

UW Rec: \_\_\_/\_\_\_/\_\_\_ Status: N R Broker: Y N Comm: \_\_\_% OPS Rec: \_\_\_/\_\_\_/\_\_\_  
GL Exp Policy #: \_\_\_/CP #: \_\_\_ Exp Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Delivery: M F E Date: \_\_\_/\_\_\_/\_\_\_ Pay Plan: \_\_\_ Bill: AB AD CBG  
Opt Form: 2026 2011 8016 8018 876 2404 Comments: \_\_\_\_\_  
GL Policy #: \_\_\_/CP #: \_\_\_ GL Prem: \_\_\_ Eff Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Insured #: \_\_\_\_\_

**PAYMENT INFORMATION**

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:  
 VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS  
Card number: \_\_\_\_\_  
CSC # (card security) code: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
I authorize K&K Insurance Group, Inc. to charge my payment to my credit card in the amount of \$ \_\_\_\_\_  
Print name (as on card): \_\_\_\_\_  
**Cardholder signature:** \_\_\_\_\_

FATCA Notice: Please go to Aon.com/FATCA to obtain appropriate W-9.

**K&K Insurance Group, Inc. • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502**  
**www.kandkinsurance.com**

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO** 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 Agencies.

**Applicable in FL and OK** Any person 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 (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS** Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application

for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA** 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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA** 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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**COSTS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS.  
COVERAGE IS CONTINGENT UPON RECEIPT OF PAYMENT. NO COVERAGE WILL BE DEEMED IN EFFECT  
UNTIL THE ACCURATE PAYMENT IS RECEIVED BY THE COMPANY OR THEIR REPRESENTATIVE.**

## READ AND SIGN

**Warranty and 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.

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. K&K reserves the right to decline/void any ineligible 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. The information I provided on this enrollment form becomes a part of the insurance contract.

**Compensation and Other Disclosure Information:** K&K Insurance Group, Inc. ("K&K") is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, K&K may charge a fee for administrative services. Your signature on your application, quote form, check, credit card and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by K&K. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part of any alternative quotes presented to the purchaser by the producer, by emailing a written request to [warranty@kandkinsurance.com](mailto:warranty@kandkinsurance.com).

In addition, premiums paid by clients to K&K for remittance to insurers, client refunds and claim payments paid to K&K by insurance companies for remittance to clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, K&K will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages K&K and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by K&K with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, K&K may be considered to have an incentive to place your insurance coverages with a particular insurance company. Where K&K participates in contingent commission arrangements with insurance companies, K&K may be entitled to additional commission in the range of 0 to 5% depending upon whether and when specified thresholds are achieved.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$2,500,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against K&K, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each a "K&K Group Member" of the "K&K Group"). Nothing in this liability limitation section implies that any K&K Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any K&K Group Member for a total amount in excess of this liability limitation, then you agree to indemnify K&K for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by K&K or any K&K Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at [http://www.aon.com/market\\_relationships](http://www.aon.com/market_relationships) for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

**Applicant or agent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**If an agent: Check here to acknowledge you are signing on behalf of the named insured.**

**Applicant Business Name (from page 3):** \_\_\_\_\_

IMPORTANT INFORMATION. PLEASE READ AND SIGN.