



**EXHIBITION & EVENT MANAGER LIABILITY INSURANCE APPLICATION & ENROLLMENT FORM**  
**Tradeshows / Conventions / Meetings / Expositions / Consumer & Public Events**

**APPLICANT INFORMATION**

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_  
\_\_\_\_\_
3. Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_
4. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_
6. Are you a member of IAEE? Yes \_\_\_ No \_\_\_ If yes, IAEE Member #: \_\_\_\_\_  
(International Association of Exhibition & Events)
7. Have you purchased Insurance from us before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_
8. Would you like a proposal for Event Cancellation Insurance?: Yes: \_\_\_ No: \_\_\_  
If yes, what is your Gross Revenue? \_\_\_\_\_ and Estimated Expenses? \_\_\_\_\_

**EVENT INFORMATION**

1. Name of Event: \_\_\_\_\_
2. Dates of Event: \_\_\_\_\_ Lease Dates: \_\_\_\_\_
3. Description of Event: \_\_\_\_\_
4. Type of Event (check all that apply): Convention/Meeting \_\_\_ Tradeshow/Exposition \_\_\_ Consumer Show \_\_\_ Other \_\_\_\_\_
5. Name of Venue: \_\_\_\_\_ City and State of Venue: \_\_\_\_\_
6. Contact at Venue: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
7. Are there any off site events that are taking place? Yes \_\_\_ No \_\_\_  
If yes, please provide details (type of event, location, date & estimated attendance). \_\_\_\_\_  
\_\_\_\_\_
8. Is the Event Indoors or Outdoors? \_\_\_\_\_
9. Have you had any losses in the past 5 years? Yes \_\_\_ No \_\_\_ If yes, please provide details of all losses, claims or incidents.  
\_\_\_\_\_  
\_\_\_\_\_
- 10A. Are Trade Booths required to provide a Certificate of Insurance? Yes: \_\_\_ No: \_\_\_
- 10B. Would you like to purchase one Insurance Policy for all of your Exhibitors? Yes: \_\_\_ No: \_\_\_
- 10C. Would you like to offer our Individual Exhibitor Insurance to your Exhibitors? Yes: \_\_\_ No: \_\_\_
- 11A. Are Vendors, (i.e. Bus Companies, Decorators etc.) required to provide a Certificate of Insurance? Yes: \_\_\_ No: \_\_\_
- 11B. Is Applicant named as Additional Insured thereon? Yes: \_\_\_ No: \_\_\_
12. Has this event been held by Applicant in the past? Yes: \_\_\_ No: \_\_\_ Number of years: \_\_\_\_\_
13. Does the venue require you to obtain Hired & Non-owned auto liability Insurance?
14. Does the venue require you to obtain an Umbrella Policy? If so, please contact us for the rates.

# COST

Based on Attendance per day - Not to exceed 7 days

Minimum Attendance	Maximum Attendance	Rate/Day
0	1,000	\$90
1,001	2,000	\$270
2,001	3,000	\$450
3,001	4,000	\$630
4,001	5,000	\$810
5,001	6,000	\$990
6,001	7,000	\$1,170
7,001	8,000	\$1,350
8,001	9,000	\$1,530
9,001	10,000	\$1,710
10,001	11,000	\$1,890
11,001	12,000	\$2,070
12,001	13,000	\$2,250
13,001	14,000	\$2,430
14,001	15,000	\$2,610
15001+		Call for Referral

Total number of attendees for the Event: \_\_\_\_\_ divided by Number of Event Days: \_\_\_\_\_ = Attendance Per Day: \_\_\_\_\_

Rate per day: \$ \_\_\_\_\_ x Number of Event Days: \_\_\_\_\_ = Premium Amt: \$ \_\_\_\_\_

## PAYMENT INFORMATION

There is a minimum premium of \$750

Premium Amt: \$ \_\_\_\_\_ + RPG Fee (\$100 IAEE Member or \$200 Non-IAEE Member) = Total Amt Due: \$ \_\_\_\_\_

Payment Method: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Check Enclosed

Make Checks payable to Buttine Underwriters Purchasing Group, LLC

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Application and Payment to:**  
**Buttine Underwriters Purchasing Group, LLC**  
**33 East 33rd Street, 5th Floor**  
**New York, NY 10016**  
**or Fax to 212.504.8084**

**Any Questions, Please Contact: Kendra Reilly at 212.697.1010 ext 49 or kar@buttine.com.**

## DISCLAIMER

### THIS IS NOT A BINDER OF COVERAGE

The statements and answers given on this application are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application. The application and materials submitted with this application shall be the basis of the insurance contract should a policy be issued, and shall be attached to and form part of the policy.

False information: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, will void the insurance.

Print Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_

Date: \_\_\_\_\_

# AGREEMENT

This Agreement is entered into between Buttine Underwriters Purchasing Group LLC (BUPG) a Maryland corporation, and the Applicant.

WHEREAS BUPG is a risk purchasing group formed pursuant to Maryland law and the Risk Retention Amendments of 1986 Act in order to permit a group of individuals who share common or similar liability exposures to join together to purchase liability insurance on a group basis; and

WHEREAS Purchaser represents and has provided information to BUPG that Applicant is engaged in the exhibition industry and is exposed to liability risks which are the same or similar to those of the other members of the group; and

WHEREAS Applicant seeks to insure its own risks by purchasing liability insurance under the group insurance policy issued to the group through BUPG.

NOW THEREFORE, the parties Agree as follows:

- 1 BUPG agree that as of the effective date of this Agreement, Applicant is a member of the risk-purchasing group and is eligible to participate in certain group liability insurance policies, including endorsements and renewals, which is issued to BUPG for the benefit of its members.
- 2 Except as otherwise provided herein, so long as Applicant satisfies the requirements of this Agreement and meets the qualifications of membership as set forth in the Act, BUPG shall permit Purchase to participate in and be insured under insurance.
- 3 Applicant shall pay all premium, which are billed to it for insurance not later than the date insurance coverage is bound.
- 4 Applicant shall promptly pay a non-refundable fee. This fee must be paid not later than the date insurance coverage is bound.
- 5 Applicant shall meet the underwriting criteria imposed by each insurer upon all members of the risk purchasing group who are insured or all persons who seek to be insured under the Insurance. Applicant understands that its failure to meet such underwriting criteria may result in the no-renewal of its coverage under Insurance.
- 6 Termination
  - a. This Agreement shall terminate:
    - i. Upon failure of Applicant to pay the membership fee or any premiums for insurance as required under the Insurance and this Agreement. Applicant shall cease to be a member of the purchasing group at such time as the premium is past due. However, if the past due premium or membership fee is subsequently paid, BUPG may, in its sole discretion, reinstate Applicant's membership.
    - ii. Upon the expiration date of the insured event(s) listed.
  - b. This Agreement may be terminated by BUPG
    - i. If there is a change in the business of Applicant which results overall in its being exposed to liability risks which are not the same as or similar to those of the other members of the group so that it would no longer qualify for membership within the requirements of the Act.
- 7 Indemnification. Applicant agrees to indemnify and hold harmless BUPG for any liability or expenses, including costs of defense, which BUPG may incur as a result of acts or omissions of Applicant of any of its employees or agents including incorrect or false statements of fact intentionally made to BUPG.