

# GUN SHOW EVENT LIABILITY APPLICATION

**NOTICE: THE POLICY FOR WHICH THIS APPLICATION IS MADE IS A CLAIMS MADE AND REPORTED POLICY. THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSUREDS AND REPORTED IN WRITING TO THE INSURER DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD, IF APPLICABLE. AMOUNTS INCURRED AS CLAIMS EXPENSES SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO THE DEDUCTIBLE. PLEASE READ THIS POLICY CAREFULLY.**

## BROKER SECTION:

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

Broker/Agent: \_\_\_\_\_ Email: \_\_\_\_\_

## BACKGROUND INFORMATION – PLEASE READ:

1. Please type or print clearly.
2. Answer ALL questions completely leaving no blanks. If any questions, or part thereof, do not apply, print N/A in the space.
3. If additional space is needed to answer any questions fully, please attach a separate page.
4. This application must be completed, dated and signed by a Principal of the Applicant.

## I. APPLICANT INFORMATION

a) Name of Applicant (s) (and list all subsidiary Companies) : \_\_\_\_\_

\_\_\_\_\_

b) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

c) Location(s): \_\_\_\_\_

\_\_\_\_\_

d) Telephone \_\_\_\_\_ Website \_\_\_\_\_

e) Email \_\_\_\_\_ Contact Name \_\_\_\_\_

f) Applicant is:    Individual       Partnership       Corporation       Joint Venture       LLC

Other: \_\_\_\_\_

g) Date of Incorporation/Start of Operations: \_\_\_\_\_

## II. EVENT SCHEDULE

Please list the following information for each event scheduled (additional sheets at the end of the application):

	<b>Name</b>	<b>Date/s</b> (not including set up and take down days)	<b>Location</b> (Town/State/Zip)	<b>Number of Attendees</b>	<b>Number of Tables</b> (individual tables: each vendor may have more than 1)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Grand total (all events):** \_\_\_\_\_

N.B. Events added throughout the year must be notified and will be subject to an additional charge

iii) **Warranties.**

**The applicant understands that the following will not be permitted at any scheduled event:**

- a) **Sale or service of alcohol at the event location, for the duration of the event**
- b) **Sale of weapons or ammunition without the state required background checks**
- c) **Loaded firearms for anyone other than police, law enforcement or hired security**
- d) **Gunsmith or reloading work during shows**
- e) **Display or sales of any illegal firearms or ammunition**
- f) **Magazines or clips on the premises for anyone other than police law enforcement or hired security**
- g) **Display or storage of black powder, more than 5 pounds of pyrodex or pyrotechnics of any sort**
- h) **Sale of refurbished ammunition**
- i) **Live firing or demonstrations of any sort including knives and tazers**
- j) **Concealed weapons on the premises for anyone other than police, law enforcement or hired security**
- k) **Display of firearms that are not secured to the display tables at all times.**

**Please confirm your acceptance by signing below:**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

**A) INSURED HISTORY – CLAIMS, LOSSES, INCIDENTS:**

- a) Have you had any claims in the past 5 years? Yes No  
If yes, on a separate sheet provide details and attach loss runs
- b) Are you aware of any incident(s) that may result in a claim not reflected in the above question? Yes No  
If yes, explain: \_\_\_\_\_

**B) COVERAGE HISTORY:**

- a) Carrier: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
Rate: \$ \_\_\_\_\_ Term: \_\_\_\_\_ Deductible/SIR: \$ \_\_\_\_\_
- b) Coverage Form: Occurrence      Claims Made      Retro Date: \_\_\_\_\_
- c) Has the applicant ever been declined or refused coverage, or had its coverage cancelled or non-renewed? Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**C) COVERAGE REQUEST:**

- a) Limits of Coverage/Deductibles:

Coverage	Limits Requested	Deductible Requested
General Liability		

- b) Do you require an Additional Insured Endorsement? Yes No  
If yes, provide name and address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c) Do you require liability coverage for set up and take down? Yes No  
If yes, please indicate total number of days cover required: \_\_\_\_\_ Days

***I understand and agree this Application and any supplements attached hereto will be relied upon for issuance of any policy. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the company, result in the voiding of the insurance issued in reliance on this application and/or denial of claims under any policy issued.***

***I authorize and consent to investigations of information bearing upon moral character, professional reputation and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to all Lloyd's of London participating syndicates, any documents, records or other information bearing upon the foregoing. I understand and agree these***

***investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.***

***Furthermore, I understand that the policy applied for will apply only to CLAIMS FIRST MADE AND REPORTED to the Company in writing within the period of coverage shown on the certificate of insurance issued with the policy or certificate on the date the policy is canceled or terminated, whichever comes first or as otherwise provided by the policy.***

***I understand this insurance is being provided through a surplus lines company and the insurer may not be subject to all the insurance laws and rules in my state and the risk is not protected by the State Insurance Insolvency Fund.***

**WARNING**

**ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD, AND SUBJECT TO STATE FINES.**

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REQUESTED EFFECTIVE DATE

**EVENT SCHEDULE Continued:**

	<b>Name</b>	<b>Date/s</b> (not including set up and take down days)	<b>Location</b> (Town/State/Zip)	<b>Number of Attendees</b>	<b>Number of Tables</b> (individual tables: each vendor may have more than 1)
21					
22					
23					
24					
25					
26					
27					
28					
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