



Dallas
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 F: (972) 789-1967

Houston
 P: (281) 759-4855
 F: (281) 759-7245

hullandco-texas.com

Agency: _____

Location: _____

EXHIBITION COVERAGE

Proposed Effective Date: _____

Proposed Expiration Date: _____

A. APPLICANT INFORMATION

1. Named Insured: _____
2. Mailing Address: _____
3. Entity: Individual Corporation Sub Chapter S Corp. Partnership
 Joint Venture (H) Non-Profit Organization
4. Years in business: _____ 5. Inspection Contact: _____
6. Accounting Records Contact _____
7. Description of Operations: _____
8. Any other insurance with this company or being submitted? _____

B. PRIOR CARRIER/LOSS HISTORY

1. Has any carrier declined, cancelled or non-renewed any property or inland marine coverage during the prior three years? Yes No If yes: _____
2. Prior Carrier: _____ Premium: _____
3. Loss History
 Describe all losses to the property of others which have occurred over the previous five years, whether insured or uninsured:

Date of Occurrence	Description	Amount of Loss

IMPORTANT: If this application is approved, the policy will contain a warranty that the insured has fully disclosed all prior losses; otherwise the policy shall be null and void.

C. UNDERWRITING INFORMATION

Specific Exhibition

Description of property on Exhibition _____

1. Limit of Insurance: _____ 2. Deductible: _____
3. Date(s) of Exhibition: _____
4. Location of Exhibition: _____
5. Property will be shipped to the Exhibition from the following location: _____
6. After the Exhibition, property will be shipped to the following location: _____
7. Property will be shipped via: _____

- Common Carrier (name): _____
 - Contract Carrier: _____
 - Express Delivery Service: _____
 - Railroad: _____
 - Air Carrier: _____
 - Your Vehicle: _____
- Full Value declared Released Value Bill of Lading

8. Describe security arrangements for the property while on exhibition: _____

Blanket Coverage – All Exhibitions

Description of property on Exhibition _____

1. Limit of Insurance: _____ 2. Deductible: _____
3. Total number of Exhibitions projected for the policy year: _____
4. Average number days for each Exhibition: _____
5. Average values of covered property at all exhibitions: _____
6. Covered property is typically shipped via:

<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Contract Carrier
<input type="checkbox"/> Express Delivery Service	<input type="checkbox"/> Railroad
<input type="checkbox"/> Air Carrier	<input type="checkbox"/> Your vehicle
<input type="checkbox"/> Full Value Declared	<input type="checkbox"/> Released Value Bill of Lading
	<input type="checkbox"/> Vehicle owned or operated by you.

D. NOTICE TO APPLICANT

ANY PERSON WHO 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 – APPLICABLE IN FLORIDA ONLY.

A 25% Minimum Earned Premium will be charged on cancellations made at the insured’s request, including non-payment cancellations. Premium for policies insuring specific exhibitions is 100% earned at policy inception.

The undersigned being authorized by, and acting on behalf of the Firm and all persons or concerns seeking insurance, has read and understands this application and declares all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will be immediately reported in writing to the company.

The signing of this application does not bind the undersigned to purchase the insurance, nor does receipt or review of the application bind the company to issue a policy. It is agreed that if a policy is issued it is issued in reliance upon the statements in this application.

Representation: The Firm represents that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company/underwriter evidence its acceptance of this application by issuance of a policy. The Firm further represents that it has not withheld any information which is reasonably likely to influence the judgment of the company/underwriters considering this application (i.e. prior claims, prior difficulties with authorities, cancellations or refusals to renew by insurance companies, prior lapses of coverage, etc.) If the Firm has withheld any such information, the Firm understands that its coverage may be voided. The Firm further understands that its failure to disclose any information in its possession regarding possible acts, errors or omissions which may lead to a claim will relieve the insurance company of any obligation under the policy.

The Firm hereby authorizes the insurance company, its agents and representatives to secure any information from its current and previous insurance carriers and/or employers.

No insurance shall be granted unless all questions are fully answered.

Signature _____ Date _____ Signature _____ Date _____
 Agent signature _____ Date _____