

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)

<u>Date</u>	<u>Losses (description and amounts paid and incurred)</u>
_____	_____
_____	_____
_____	_____

Comments _____

Date: _____

Applicant Signature _____ Producer Name, Address & Signature _____