



VIRGO PUBLISHING TRADE SHOW & CONSUMER SHOW EXHIBITORS

Insurance Program and Enrollment Form

This brochure is valid for effective dates from 1/1/10 through 12/31/10

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 Virgo Publishing, LLC.

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

INELIGIBLE OPERATIONS

- Alcoholic beverage sales
- Animals
- Auto parts (mechanical)
- Body piercing or permanent tattooing
- Christmas tree retail lots
- Cleaning accessories & products - homemade
- E-commerce selling
- Fire safety equipment
- Fireworks sales & displays
- Haunted attractions
- Health & beauty products - homemade
- Hot wax impressions
- 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
- Protective equipment or apparel
- Storefront operations
- Tobacco products
- Toys (for ages 4 and under)
- 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 K&K Insurance Group, Inc.

ELIGIBLE OPERATIONS

- Antiques & collectibles
- Apparel & accessories
- Arts & crafts
- Auto/vehicle accessories (non-mechanical)
- Candles
- Celebrity appearances
- Cleaning accessories & products (commercially manufactured)
- Exercise equipment
- Floral
- Food, drink or produce sales
- Game trailers
- Gift wrap booths
- Hardware sales
- Health & beauty products (commercial manufactured)
- 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
- Performing groups (carolers, dance groups, choirs)
- 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 cev-events@kandkinsurance.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 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

COVERAGES AND LIMITS

Commercial General Liability	
Each Occurrence	\$ 1,000,000
General Aggregate (other than Products-completed Operations)	\$ 3,000,000
Products-completed Operations Aggregate	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Expense (other than participants)	\$ 5,000
Cost	
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 Virgo administration fee.	
0 - 100 sq. ft.	\$ 173.00
101 - 200 sq. ft.	\$ 250.00
201 - 300 sq. ft.	\$ 289.00
301 - 400 sq. ft.	\$ 328.00
401 - 500 sq. ft.	\$ 367.00
501 - 600 sq. ft.	\$ 406.00
If your booth is larger than 600 square feet, please contact our office at 1-800-328-2317.	

Commercial General Liability – 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. If you are renewing annual coverage with K&K, use the expiration date of your coverage. Coverage will be in effect for the time period selected.

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 online or by completing an enrollment form and submitting it to K&K 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 - Virgo Publishing Trade Show & Consumer Show Exhibitors

Valid for effective dates from 1/1/10 through 12/31/10

Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. 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 3-6) with payment

GENERAL INFORMATION	<input type="radio"/> I am a new account	<input type="radio"/> I am renewing my coverage
	Named insured (as it should appear on the policy): _____ (the legal name of the organization or business; typically the name that would appear on any contracts or agreements)	
	Doing business as (DBA): _____ (additional name(s) under which the named insured operates)	
	Mailing address: _____	
	City: _____ State: _____ Zip: _____	
	Contact name: _____ Phone: (____) _____	
	Cell: (____) _____ Fax: (____) _____	
	E-mail: _____ Website: _____	

DATES	Coverage will 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. (If renewing coverage, please provide the expiration date of your current policy).
	<input type="radio"/> Start my coverage on this date: ____ / ____ / ____

BUSINESS INFORMATION	Name of event: _____						
	Date(s) of event (including set-up and tear-down days): ____ / ____ / ____ to ____ / ____ / ____						
	Hours of event: ____ A.M. / P.M. to ____ A.M. / P.M.						
	Location of event: _____ <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 20%; text-align: center;">Venue name</td> <td style="width: 20%; text-align: center;">Street address</td> <td style="width: 10%; text-align: center;">City</td> <td style="width: 10%; text-align: center;">State</td> <td style="width: 10%; text-align: center;">Zip</td> </tr> </table>		Venue name	Street address	City	State	Zip
		Venue name	Street address	City	State	Zip	
Total square footage of exhibit space(s): _____							

PROGRAM PREMIUM

Please check the booth size and premium that is applicable.

\$ 1,000,000 Commercial General Liability Limit						
Booth Size	1 Unit or up to 100 Sq. Ft.	2 Units or 101-200 Sq. Ft.	3 Units or 201-300 Sq. Ft.	4 Units or 301-400 Sq. Ft.	5 Units or 401-500 Sq. Ft.	6 Units or 501-600 Sq. Ft.
Cost	<input type="radio"/> \$ 173.00	<input type="radio"/> \$ 250.00	<input type="radio"/> \$ 289.00	<input type="radio"/> \$ 328.00	<input type="radio"/> \$ 367.00	<input type="radio"/> \$ 406.00
Florida Applicant Cost	<input type="radio"/> \$ 174.73	<input type="radio"/> \$ 252.50	<input type="radio"/> \$ 291.89	<input type="radio"/> \$ 331.28	<input type="radio"/> \$ 370.67	<input type="radio"/> \$ 410.06

Contact K&K for operations with more than 6 units or 600 sq. ft.

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: _____

CERTIFICATE REQUESTS

Virgo Publishing, LLC will automatically be provided an additional insured certificate. Complete this section to request additional certificates. Provide separate requests for each additional certificate needed.

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: ____ / ____ / ____

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PREMIUMS ARE 100% FULLY EARNED AND NON-REFUNDABLE ONCE COVERAGE BEGINS

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: _____

Reference number (last 3 digits on back of card): _____ 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 _____

READ AND SIGN

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; Amusement devices(the ownership, operation, maintenance or use of: any mechanical or non-mechanical ride, slide, water slide, any inflatable recreation device, any bungee operation or equipment, any vertical device or equipment use for climbing- either permanently affixed or temporarily erected, or dunk tank. Amusement device does not include any video arcade or computer games or 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 an animal owned, rented or hired); Asbestos, Commercial general liability standard exclusions (CG 0001 12/04 edition); Employment-related practices; Fireworks; Fungi or bacteria; Lead; Nuclear energy liability; Performers; Saddle animal; Snowmobile; Those operations listed as ineligible: Alcoholic beverage sales; Animals, Auto parts (mechanical); Body piercing or permanent tattooing; Christmas tree retail lots, Cleaning accessories and products – homemade; E-commerce selling; Fire safety equipment; Fireworks sales and displays, Haunted attractions; Health and beauty products – homemade; Hot wax impressions; 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; Protective equipment or apparel; Storefront operations; Tobacco products; Toys (for ages 4 and under); Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight loss plans or products, except for informational and display purposes; Wholesale business operations

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.

K&K Insurance Group, Inc. as managing general underwriter for the insurance company, receives compensation from the insurance company in consideration for its performance of insurance services that include, but are not limited to: underwriting, policy/certificate issuance, administration and claims handling. The insurance company compensates K&K, based on a predetermined calculation of thirty-three percent of the total premium.

I understand that, subject to applicable laws, K&K Insurance Group, Inc. will invest the premium and, in accordance with the permission of the insurer, will receive any interest or other income that the premium generates prior to remittance to the insurer.

I am aware that the insurance company expects accurate reporting for my premium calculation. I understand that my books 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.

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.

Applicant signature _____

Date: _____

Printed name: _____

Title: _____

FOR K&K USE ONLY

Rec:____/____/____ Status: N R Broker: Y N Comm:_____%
 Exp Policy #:_____ Exp Dates:____/____/____ to ____/____/____
 Cert #:_____ Insured #:_____

Option:_____ Premium: \$_____ Pay Plan: 100 Bill: AB AD CBG
 Eff/Exp:____/____/____ to ____/____/____ Delivery: M F E Date: ____/____/____
 A&M IM D&O EX WC Opt Form: 2026 2011 8016 8018 876
 Policy #:_____ Cert #:_____ Comments:_____