



VIRGO PUBLISHING TRADESHOW & CONSUMER SHOW EXHIBITORS



Liability Insurance Program and Enrollment Form
This brochure is valid for effective dates from 1/1/09 through 12/31/09



K&K Insurance • P.O. Box 2338 • Fort Wayne, IN 46801-2338 • 1-800-328-2317 • Fax 1-260-459-5502
www.kandkinsurance.com • CA #0334819

Program Description

This insurance program has been specifically designed for the concessionaires, vendors and exhibitors who are selling, displaying, demonstrating, or promoting their products or services, on a short term basis at special events, malls, shopping centers, tradeshows, consumer shows or a location that is away from any owned or long term leased premises. The insureds operations can be conducted from a kiosk, booth, cart, trailer, tent, or an outdoor area. Coverage does not apply for loss or damages to your property, stock or inventory.

Eligible Operations

- Antiques and collectibles
- Apparel and accessories
- Arts and crafts vendors
- Auto/Vehicle accessories
- Candles
- Celebrity appearances
- Cleaning accessories and commercially-made products
- Exercise equipment
- Floral vendors
- Food /drink/produce sales/ concessionaires
- Game trailers
- Gift wrap booths
- Hardware sales
- Heath and beauty products—commercially made
- Kitchen/cookware accessories and appliances
- Lawn and garden equipment
- Micro reality race tracks
- Motorized equipment—static display
- Performing groups* (carolers, dance, groups)
- Product demonstrations
- Product/Service displays
- Souvenir sales
- Sports and camping equipment
- Vehicle/boat—static display
- Toys (for ages 5 and over)

* can only purchase the single event coverage

Ineligible Operations

- Alcoholic beverage sales
- Auto parts (mechanical)
- Body piercing and permanent tattooing
- Christmas tree retail lots
- Cleaning accessories and products-homemade
- Corn and hay maze
- E-Commerce selling
- Fire safety equipment
- Fireworks sales and displays
- Haunted attractions
- Health and beauty products-homemade
- Hot wax impressions
- Live animals
- Mechanical or inflatable amusement devices
- Medical testing
- Motor sports activities
- Nutritional/health supplements except for informational and display purposes
- On-site installation/service/repair or products
- On-site equipment sales and rental
- Oxygen/aromatherapy bars
- Protective equipment/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

Liability Coverage and Limits

Commercial general liability coverage protects the insured against liability claims for bodily injury and property damage arising out of the premises, operations, products and completed operations, and personal and advertising injury. There is no deductible that applies to liability claims. Products-completed operations coverage includes bodily injury and property damage to a third party arising out of your product or your work once it leaves your possession.

<u>Coverage</u>	<u>Limits</u>
General Aggregate	\$ 2,000,000
Products-completed Operations Aggregate	\$ 1,000,000
Each Occurrence	\$ 1,000,000
Personal and Advertising Injury	\$ 1,000,000
Damage to Premises Rented to You	\$ 300,000
Medical Expense	\$ 5,000

Notable Exclusions

- Abuse or molestation
- Amusement devices (rides, slides, inflatables, etc.)
- Asbestos
- Designated operations exclusion—those activities listed as ineligible
- Employee-related practices
- Fireworks
- Fungi or bacteria
- Lead
- Nuclear energy
- Pollution

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

Additional Insured: Virgo Publishing LLC will automatically be listed as an additional insured.

Cost:

Coverage is available per single event. 100% of the premium is fully earned at the inception date and is not refundable in the event of cancellation. Premiums are based upon size of the booth. Premiums include a \$20 Virgo administration fee.

<u>Size of the booth</u>	<u>Cost</u>	<u>Size of the booth</u>	<u>Cost</u>
0-100 sq. ft.	\$180	301-400 sq. ft.	\$340
101-200 sq. ft.	\$260	401-500 sq. ft.	\$380
201-300 sq. ft.	\$300	501-600 sq. ft.	\$420

If your booth is larger than 600 square feet, please contact our office at 1-800-328-2317.

Note: All Florida applicants must add a 1% state mandated Hurricane Catastrophe Fund assessment fee to the total premium.

How to Obtain Coverage:

1. Complete the enrollment form page 4 and 5, provided with the brochure.
2. Remit the completed and signed enrollment form and corresponding premium at least 10 days prior to the event to:

Regular Mail: **K&K Insurance Group
Concessionaires/Exhibitors and
Vendors Program**
P.O. Box 2338
Fort Wayne, IN 46801-2338
Phone 1-800-328-2317

Overnight: **K&K Insurance Group
Concessionaires/Exhibitors and
Vendors Program**
1712 Magnavox Way
Fort Wayne, IN 46804

If paying by credit card, completed enrollment form can be faxed to 1-260-459-5502.

3. You will be notified by K&K, if, for any reason, your submission to this insurance is declined or determined to be ineligible for coverage and your premium payment will be returned or refunded.
4. Incomplete enrollment forms will be declined and returned.
5. If your enrollment form is accepted, coverage documents will be issued by K&K.
6. Coverage will become effective the date after the completed enrollment form and premium payment are received by K&K, or on a later date that you may specify.
7. Coverage is per single event.
8. Please allow 10 business days for processing.

Note: Any request to amend or change coverage or the information reprinted on the enrollment form must be submitted in writing to K&K Insurance Group.

This brochure is for illustrative purposes only, and is not a contract of insurance. You must refer to the actual insurance policy for complete information regarding coverage terms, conditions and exclusions. You may request a copy of the full policy by submitting a written request to K&K Insurance Group.



P.O. Box 2338
 Fort Wayne, IN 46801-2338
 1-800-328-2317 • Fax 1-260-459-5502
 www.kandkinsurance.com
 CA # 0334819

**VIRGO PUBLISHING
 TRADESHOW & CONSUMER
 SHOW EXHIBITORS**

Liability Enrollment Form

**This brochure is valid from effective dates from
 January 1, 2009 through December 31, 2009**

This form must be completed, signed and returned with your payment. The submission of this enrollment form does not guarantee coverage. Completion of this enrollment form confirms your desire to obtain insurance through the Sports, Leisure and Entertainment Risk Purchasing Group. Certain operations are not eligible for coverage by this program. K&K reserves the right to decline any request for coverage.

Insured Information

Named insured: _____

Trade name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Phone: (_____) _____ Fax: (_____) _____ Cell phone: (_____) _____

E-mail address: _____ Web site: _____

Form of business: Individual Partnership/joint venture Limited liability company Trust
 Other: _____

What type of products are sold, handled or displayed? _____

What is the total square footage of your exhibit space(s)? _____ sq. ft.

Event Information

1. Show name: _____

2. Date(s) of show (include set up and tear down): _____

3. Location of show:

Venue name: _____

Address: _____

City, State: _____

4. Additional insured: Virgo Publishing, LLC

5. Additional insured address: 3300 N. Central Avenue Suite 300

City: Phoenix State: AZ Zip: 85012

Relationship of additional insured:

Landowner/manager of premises Sponsor Organizer of event

Fax certificate to the attention of: Trade Show Accounting at: (480) 281-6770

Date certificate needed by: _____/_____/_____.

Cost Calculation (check one)

Size of Booth	Cost	Size of Booth	Cost
<input type="checkbox"/> 0-100 Sq. Feet	\$180.00	<input type="checkbox"/> 301-400 Sq. Feet	\$340.00
<input type="checkbox"/> 101-200 Sq. Feet	\$260.00	<input type="checkbox"/> 401-500 Sq. Feet	\$380.00
<input type="checkbox"/> 201-300 Sq. Feet	\$300.00	<input type="checkbox"/> 501-600 Sq. Feet	\$420.00

Total premium due\$ _____ (a)
Florida applicants must add 1% to total premium due. (1% x premium) = Florida assessment fee \$ _____ (b)
Total amount due for Florida applicants (a+b)\$ _____

- Reminder:
- Premiums are 100% Fully earned at inception and nonrefundable.
 - Premium and enrollment form must be received in our office 10 days prior to the requested effective dates.
 - **If you operate more than six trailers/booths, a or booth greater than 600 sq. feet, please contact K&K Insurance Group at 800-328-2317, for your premium.**
 - Premiums include a \$20 Virgo administration fee.

PLEASE READ AND SIGN

WARRANTY & 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, and should my figures exceed my estimates during the coverage term I will make arrangements to pay the additional premium. I understand that my book 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: _____ Printed name: _____
 Title: _____ Date: _____ Policy named insured: _____

Mailing Instructions: Please refer to page 3, "How to Obtain Coverage" number 2.

In order to avoid a delay in processing, prior to mailing please verify that:

- The eligibility criteria as outlined in the brochure have been met.
- All questions/sections of the enrollment form have been answered/completed.
- The Warranty and Disclosure Statement section is signed. The required premium payment has been provided.
- If paying by credit card, the complete credit card information is provided, along with signature.

Making Your Payment: Please check payment option.

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:

I authorize K&K Insurance Group, Inc. to charge my premium payment to my credit card in the amount of \$ _____

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card number: _____

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

Print name (as on card): _____

Cardholder signature: _____