

FOR INFORMATION OR QUESTIONS CALL CHARLES HOLWELL AT 1-229-529-5890

**VENDORS AS ADDITIONAL INSURED
INFORMATION FORM**



MAIL CHECK AND APPLICATION TO:
Holwell & Fletcher Insurance
P. O. Box 192
Quitman, Georgia 31643

\$1,000,000.00 VENDOR LIABILITY LIMITS
\$65.00 FOR ONE LOCATION
\$33.00 FOR EACH SEPARATE LOCATION

Name of Insured: _____

Name of Event: **Sunbelt Agricultural Exposition - Policy # - GLP00002800540-00**

Dates of Event: **October 18-20, 2011 (includes setup & breakdown)**

VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	**EVER CANCELLED/REFUSED COVERAGE	*CLAIMS LAST 3 YEARS
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**IF YES, PLEASE EXPLAIN ON SEPERATE SHEET OF PAPER AND ATTACH.

I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.
IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IN EFFECT
UNTIL THIS INFORMATION IS ACCEPTED BY THE COMPANY IN WRITING.

SIGNATURE OF AUTHORIZED EVENT REPRESENTATIVE _____ TITLE _____
SEE INELIGIBLE VENDORS LIST ON NEXT PAGE

DATE _____