

FOR INFORMATION OR QUESTIONS CALL CHARLES HOLWELL AT 1-229-985-3503

**VENDORS AS ADDITIONAL INSURED
INFORMATION FORM**



MAIL CHECK AND APPLICATION TO:
HARPER-MCCALL INSURANCE AGENCY
P.O. BOX 2707
MOULTRIE, GEORGIA 31776

\$1,000,000.00 VENDOR LIABILITY LIMITS
\$65.00 FOR FIRST BOOTH
\$33.00 PER EACH ADDITIONAL BOOTH

Name of Insured: _____
Name of Event: _____
Dates of Event: _____

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 BACK OF FORM.

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 _____
SEE INELIGIBLE VENDORS LIST ON NEXT PAGE

TITLE _____ DATE _____