



# VENDORS AS ADDITIONAL INSURED INFORMATION FORM

PO Box 192 Quitman, GA 31643

Bridgett White (229) 263-4136

bmwhite04@windstream.net

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 THREE YEARS	
					YES	NO	YES	NO
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\* If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.**

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.

DATE \_\_\_\_\_ SIGNATURE OF INSURED \_\_\_\_\_ TITLE \_\_\_\_\_ 1131 11/03