

**Red Shield Insurance Company®**

1411 SW Morrison St, Ste 400
Portland, OR 97205-1945
800-527-7397 • FAX 800-742-5176

**EXHIBITION FLOATER
APPLICATION**

Policy No.	Proposed Effective and Expiration Date From: To:	Status of Submission ☐ Quote ☐ Bind ☐ Issue	Agent Code
Applicant's Name		Agent Name	
Business Name/DBA		Agent Address	
Mailing Address			
		Agent's Phone No.:	
Applicant's Phone No. Home: Work:		Have you insured this account before: ☐ Yes ☐ No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status: ☐ Agency Bill ☐ Direct Bill (Direct Bill requires full premium or installation plan down pmt)	
Years in Business	Years of Experience	Company Installment Plan Requested? ☐ Yes ☐ No If YES, ☐ 8 Pay ☐ 10 Pay (20% Down Payment Required)	
Business Description:		Accounting Records Name: Contact Phone:	
Type of Business ☐ Individual ☐ Corporation ☐ LLC/LLP ☐ Joint Venture ☐ Partnership ☐ Other		Inspection Records Name: Contact Phone:	

COVERED PROPERTY INFORMATION

Property to be covered:		
Owned by Insured: ☐ Yes ☐ No	Average Value:	Maximum Value:
Type of Event (Include conventions, conferences, trade shows, etc.):		
Number of events scheduled per year:		
Location(s):		
Date(s) / Duration:		
Construction / Security at site:		
Transit: ☐ Owned Vehicle- Describe (year, make, model, VIN): ☐ Common Carrier- Describe:		
Who packages/ prepares the property for shipment? ☐ Insured ☐ Other	Distance to Event(s):	
	Security in Transit:	

COVERAGE INFORMATION

Limit, any one event:	☐ Scheduled ☐ Blanket
Coinsurance: ☐ 100% ☐ 90% ☐ 80% ☐ %	Deductible:

ADDITIONAL INTERESTS

Name & complete address: Loss Payee ☐ Lessor ☐ Add'l Insured ☐	Name & complete address: Loss Payee ☐ Lessor ☐ Add'l Insured ☐
Loan #	Loan #
Covered Property:	Covered Property:

IF EQUIPMENT IS LEASED, SPECIFY IF INSURED HAS OPTION TO PURCHASE:

PRIOR/CURRENT INSURANCE COMPANY INFORMATION

TYPE OF COVERAGE	CARRIER	FROM	TO	PREMIUM

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy in the last three years for you?
☐ Yes ☐ No

If YES, explain:

Explain any periods when insurance was not in place:

Does insured currently have coverage in place for this exposure? ☐ Yes ☐ No

If YES, current carrier:

Reason for moving coverage:

PRIOR LOSS INFORMATION (Enter all losses, insured or uninsured, occurring during the past five years, which would have been recoverable under this type of insurance)

DATE OF LOSS	CARRIER	LOSS AMOUNT	OPEN/ CLOSED	DESCRIPTION OF LOSS	DEDUCTIBLE	AMOUNT PAID

ATTACH SEPARATE SHEET OR COMPANY LOSS RUNS IF ADDITIONAL SPACE IS NEEDED

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, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE 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.

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, and finances. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful.

PRODUCER'S SIGNATURE _____ Date _____