



FRAZIER INSURANCE AGENCY, INC.
Post Office Box 1250
Midlothian, VA 23113-1250

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Gun Show Insurance Application

1. Named Insured/Organization: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Phone: _____ Fax: _____ E-mail: _____
4. Contact Person: _____ Title: _____
5. Name and address of Additional Insured(s) and their interest:

6. Complete description of event/activity: _____

7. Date(s) of Event: _____
8. Desired effective date: _____ Desired termination date: _____
10. Estimated Attendance Per Day: _____ Estimated Total Attendance: _____
11. Maximum Capacity for Facility: _____
9. DESIRED COVERAGE: \$1,000,000 Occurrence/\$2,000,000 Aggregate
Higher Aggregate Limits: \$3,000,000, \$4,000,000, \$5,000,000
Excess General Liability Requested: \$1,000,000, \$2,000,000, \$3,000,000, \$4,000,000
(Agents please include Acords 125 and 131)
10. Does the applicant now carry insurance of this type?: Yes No
If "yes", please advise limits of policy: _____
11. Has any insurance carrier cancelled or refused coverage? Yes No
If "yes", please explain: _____

12. COMMERCIAL GENERAL LIABILITY:

Will the event feature fireworks or pyrotechnics? Yes No

Are Vendors, Attraction Owners, and Performers required to carry their own insurance? Yes No

Security is provided by: On-Duty Police Off-Duty Police

Emergency evacuation plan in place? Yes No Unknown

Qualified medical personnel in attendance? Yes No Unknown

Ambulance service in attendance? Yes No Unknown

13. Will alcoholic beverages be served? Yes No

14. Will alcoholic beverages be sold? Yes No

If "yes", estimated receipts: \$ _____

15. Will concessionaires provide you with certificates evidencing products liability with your organization named as Additional Insured? Yes No No Concessionaires

I HEREBY WARRANT AND CONFIRM THAT THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT, AND FURTHER CERTIFY THAT I HAVE READ ALL OF THE QUESTIONS AND ANSWERS ON THIS APPLICATION.

I UNDERSTAND THIS APPLICATION IS A REQUIREMENT FOR COVERAGE, A PART OF THE CONTRACT AND EVIDENCE OF MY ACCEPTANCE OF THIS INSURANCE, AND ANY FALSIFICATION OR MISREPRESENTATION WILL BE DEEMED A BREACH OF CONTRACT, VOIDING ALL INSURANCE COVERAGE.

IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED INSURED OR THE COMPANY UNTIL ACCEPTED BY THE COMPANY OR COMPANIES IN WRITING.

Signature of Applicant

Date

Producer (Official Use Only)