



**2012 INTERPRIDE VENDOR/EXHIBITOR LIABILITY INSURANCE  
FOR USE AT GAY PRIDE FESTIVALS ONLY**

**NAME OF GAY PRIDE ORGANIZATION:** \_\_\_\_\_  
**DATES OF FESTIVAL:** \_\_\_\_\_

**WARNING!! See above. Did you tell us the name of the Gay Pride Festival you are applying for? If not, do it NOW!!**

**ONE MORE WARNING!!!** Please be legible. If we cannot read your handwriting we cannot issue certificates or process payments accurately. It wastes your time and ours and causes delays and could cause you to lose your booth space. It is also extremely important for you to tell us your fax or email. Without it we cannot get your certificate of insurance to you as soon as possible and it will have to be MAILED

I am applying for this insurance as  Individual/DBA  Non Profit  Corporation  LLC  Partnership  Club or Association

Name of Insured \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

This insurance policy provides \$1,000,000 LIABILITY COVERAGE ONLY protecting you and the Gay Pride organization from claims of bodily injury or property damage. There is NO COVERAGE for loss or damage to your property, stock or inventory. We cannot insure vendors who are piercing body parts, massaging, carnival rides, tattooing, selling fireworks or weapons, doing stunts, pyrotechnics, hazardous activities, mechanical devices, or animals,

Please describe below the product, service or information you are providing. Include a brochure if you are mailing this form to us or direct us to your website.

Product or service \_\_\_\_\_  
\_\_\_\_\_

Website WWW. \_\_\_\_\_

- NON PROFIT**, Club, Organization, Business Association (\$50)
- FOR PROFIT-** (\$100)
- ANYONE SELLING FOOD & DRINK** (\$200.00)
- Include Products Liability** (\$100.00)

**PAYMENT** Amount Charged \$ \_\_\_\_\_

**Personal Check, Cashiers Check or Money Order** is attached payable to **Casswood Insurance Agency Ltd** . Personal checks will be accepted up to 15 days prior to the event. Please indicate "Exhibitor" and the "Name of the Gay Pride Event" in the memo area of your check.

**Visa**  **Mastercard**  **Discover** **NOTE: We can only accept Visa, Mastercard or Discover**

**Cardholder Name** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Account #** \_\_\_\_\_ **Exp** \_\_\_\_ / \_\_\_\_ **Sec Code** \_\_\_\_

**Signature** \_\_\_\_\_

**A Certificate of Insurance will be emailed or faxed to you as soon as your payment clears our bank.**