

## 2019 TIEC SPECIAL EVENT VENDOR INSURANCE DECLARATION

Company Nam	e:				
Contact Name:					
Email:					
Address:					
City:		_State:	Zip:		
Business Phone	e: Cell Ph	ione:			
Website Addres	SS:				
Description of product and/or service to be sold/exhibited:					
Dear Exhibitor:	:				
	nsurance Services, a Division of Main St ge for exhibitors at the 2019 TIEC Specia v:				
Certificate Nun Coverage Form Policy Limits:			ed Operations)	\$1,000,000 \$2,000,000 EXCLUDED	
THE FOLLOW SHOWN ABO	/ING LIMITS ARE SUB-LIMITS OF A VE:	ND NOT IN AD	DITION TO TH	E LIMITS	
	Personal & Advertising Injury Limit Fire Damage Medical Payment Limit	\$1,000,000.00 \$50,000.00 \$5,000.00	any one person any one fire any one person		
	is specifically excluded. Liability limits his policy, a Certificate of Insurance, as c				
<b>Please sign and return this form with your payment</b> , signifying your consent to participate in this voluntary insurance program.					

• General liability coverage will be provided during TIEC Special Event. Please indicated name and dates of special event in North Carolina only – at the specified event location.



- Premium for this coverage is \$80. per vendor.
- The following are not acceptable for this policy: Animal Acts or Rides, Petting Zoos, Medical Tests, Body Piercing, Tattoos (Permanent) Activities involving Bodily Contact, Hazardous Products, or Mechanical devices.
- Your insurance coverage will only be effective during your presence on the Tryon International Equestrian Center for special events during specified dates.
- Personal/business property is not covered under this policy. Again, loss or damage to vendor's own personal property is not covered.

Please issue coverage in accordance with this program.

TIEC Special Event Name:	
TIEC Special Event Location:	
Special Event Dates of Coverage:	
Signature:	
Date:	

## PAYMENT

Name as it appears on the card:				
Credit Card Type:  □ MasterCard	□ Visa □ American Express □ I	Discover Card		
Credit Card Number:				
Expiration Month:	Expiration Year:	Security Code:		
Billing Zip Code:	Payment Amount:			
□ I verify that the information provided above is correct and authorize use of this credit card for the payment of the above Trade Fair reservation.				
Signature:		Date:		

**RETURN INSTRUCTIONS**: Please send completed forms to sbrady@mainstreetins.com. Please call 877-872-4578 if you have questions. Forms submitted without a valid credit card will not be accepted. Please complete and return this form with supporting documents two weeks prior to event.