

Thank you for using TOTAL EVENT® by Burr & Company. To simplify this process for you, we provide insurance, giving you access to instant coverage for a low cost per event/show online.

Use the following screenshots while you apply for insurance online and get proof of coverage in minutes. If you happen to get stuck, you can call (800) 878-BURR, or send an email to [Burr@TotalEventInsurance.com](mailto:Burr@TotalEventInsurance.com).

### Fill in the EXHIBITOR APPLICATION

**EXHIBITOR APPLICATION FOR LIABILITY COVERAGE**

As an exhibitor at the show named below, you have the option of obtaining your liability coverage online, through a special group policy for only \$65 plus tax. Qualifying applicants will be able to download a Confirmation of Coverage Certificate as soon as credit card payment is submitted.

Show Organizer: Example Tradeshow/Event  
Show Name: EXAMPLE TRADESHOW/EVENT  
Venue Name: Example Venue  
Event Start Date: 1/14/2013  
Event End Date: 1/14/2013

**EXHIBITOR INFORMATION**

Company Name:

If your address is outside the US, [Click Here](#)

Address:

City:  State:

Zip Code:  Phone:

**Did You Know?**  
You can add excitement to your golf event with TotalEvent® Hole-In-One coverage.  
[Learn More](#)

### Accept the ELECTRONIC SIGNATURE

**EXHIBITOR APPLICATION FOR LIABILITY COVERAGE**

**Electronic Signature Disclosure and Consent Statement**

What is an Electronic Signature?  
An electronic signature is a process by which an insured signs their application via the Web. Submitting an electronic signature eliminates the need to print and mail your application and expedites the quoting process.  
How does the electronic signature process work?  
[Print Electronic Signature Information](#)

I have read, understood, and accept the Electronic Signature Disclosure and Consent statement.

**Insurance Coverage Application / Bind Request Format**

I want to submit the completed insurance application using a secure electronic signature.

[PREV](#)

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(continued)

**TOTAL EVENT® by Burr & Company**

Contact: Dan Bonnell

(800) 878-BURR


[dbonnell@burrcompany.com](mailto:dbonnell@burrcompany.com)

[www.burrcompany.com/fun](http://www.burrcompany.com/fun)



BURR AND COMPANY

## Submit the EXHIBITOR APPLICATION


Home

**APPLICANT NOTICES**  
[Click Here](#) to view state-specific notices to applicants

I have read and understand the relevant state notice(s) to applicants


**DECLARATION**  
 To the best of my knowledge and belief the information provided in this application, whether in my own hand or not, is true and I have not withheld any material facts.

I understand that Non-disclosure or misrepresentation of a material fact will entitle the company to void the Insurance.

I understand that submitting this Application does not bind me to complete the insurance but agree that should an insurance policy be issued, this Application and the statements made therein shall form basis of the insurance policy.


I understand that by clicking "Submit", I agree to the above Declaration.

← PREV
SUBMIT



**Did You Know?**  
 Just because your client is not required to obtain liability insurance they are not free from potential liability losses.

[Learn More](#)

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## Continue to CHECKOUT

**Fax:** \_\_\_\_\_

**E-Mail Address:** dbonnell@burrcompany.com

**Website:** \_\_\_\_\_

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**Coverage Type:** Special Event Liability  
**Carrier:** New Hampshire Insurance Company  
**Name Insured:** Subscribed Exhibitors of the EXAMPLE TRADESHOW/EVENT  
**Event dates:** 1/15/2013 - 1/15/2013  
**Policy Period:** 1/15/2013 at 12:01 AM - 1/15/2013 at 12:01 AM

**Limits of Insurance**

Coverage	Limit	Coverage Description
General Liability	\$5,000,000.00	General Aggregate
	\$1,000,000.00	Product/Completed Operations
	\$1,000,000.00	Personal/Advertising Injury
	\$5,000.00	Med Expense Limit
	\$1,000,000.00	Each Occurrence
	\$300,000.00	Damage to Premises Rented to You
	\$1,000,000.00	NOHA
	0	Deductible
	NOT COVERED	Medical Expenses

**Premium**

Primary GL Premium	\$64.00
NOHA Premium	\$10.00
TEIA Premium	\$1.00
<b>Subtotal</b>	<b>\$75.00</b>
<b>Total Due:</b>	<b>\$75.00</b>

[Continue to Checkout >>](#)

coverage.

[Learn More](#)

## Enter PAYMENT INFORMATION

**Payment Method**

Credit Card


Card Type: American Express  
American Express  
 Visa  
 MasterCard  
 Discover

Card Number:

Exp. Date:  /

Security Code:

\*Security Code Example



If your billing address is outside the US, [Click Here](#)

First Name:  Dan

Last Name:  Bonnell

Address:  3351 Claystone SE

City:  Grand Rapids State: MI

Zip Code:  49546 Phone:  6168184960

**Terms & Conditions**

[Print Terms](#)

TOTALEVENT.ONLINE.QUOTE.AND.POLICY.ISSUANCE.WEBSITE.(WEBSITE)

**WEBSITE TERMS OF USE**

PLEASE NOTE: Your access to and use of the TotalEventInsurance.com (WE, OUR, US) online quote and policy issuance Website ("Website") are subject to the following Terms of Use, as well as all applicable laws and regulations. Please read these terms carefully. If you

I have read and agree to the above terms and conditions.

[Complete Purchase](#)

**Did You Know?**  
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[Learn More](#)