

HENRY HAM INSURANCE AGENCY

PO Box 100547
Denver, CO 80250

Premium Rates & Benefits- Single Vendor

Limits- \$1,000,000 per Occurrence/ \$2,000,000 Aggregate

Cost- \$52.50

Name of Event: 2017 V-TWIN EXPO



Named Insured _____

Fax _____ Email _____

Address _____

Phone _____

Dates of Event: **JAN 28-29, 2017** Coverage Dates Requested: **JAN 26-30, 2016** Including Set-Up & Tear Down

Time(s): **12am – 11:59pm**

Location of Event: **DUKE ENERGY CONVENTION CENTER, 525 ELM ST., CINCINNATI, OH 45202**

Description of Exhibit-----

Has any prior coverage been cancelled or non-renewed? Yes No

If yes, please describe and provide loss history: _____

Name, Address and Relationship of all Additional Insured to be added to policy:

**1. Tradeshow Management:
Reaction Management, LLC

9040 Foxline Dr

Corcoran, MN 55340**

**2. Paisano Publications, LLC
dba V-Twin Expo

28210 Dorothy Dr.

Agoura Hills, CA 91301**

**3. Duke Energy Convention Center

525 Elm St

Cincinnati, OH 45202**

This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly provides false information on an application for insurance may be guilty of a crime, and may be subject to civil fines and criminal penalties.

I certify that the above information is true and coverage is not applicable until accepted by Francis L. Dean & Associates, Inc.

Authorized Signature ----- Date _____

Please bill by: Visa Mastercard AmEx Discover Card# _____

Name on Credit Card ----- Exp. Date _____ CID # _____

Address _____

PLEASE RETURN FORM TO: **Reaction Management, LLC**
Fax: (763)645-8062 Mail: 9040 Foxline Dr, Corcoran, MN 55340