



SHOW PROMOTER

P.O. Box 4389
Davidson, NC 28036

800-287-7127
FAX: 704-895-0230

www.acna.us

Antiques & Collectibles National Association

The Antiques and Collectibles National Association was established in 1991 to provide benefits and a trade association to represent dealers. Today ACNA is the largest dealer association in the country with thousands of members in all 50 states.

MEMBER BENEFITS

Insurance Programs including Property,
Liability for Shop Owners, Mall Owners,
Mall Dealers, Show Dealers, Show
Promoters, and Collectors

Quarterly Newsletter

Certificate of Membership

Merchant Services:

Discounted Rates For Credit/Debit
Card Processing and Check
Guaranties - Cards include VISA,
MasterCard, Discover, and American
Express

Sell on line through GoAntiques.com

Educational Seminars and Programs

Use of the ACNA Logo

Discount on Home Study program through
Ashford Institute of Antiques

Health program through America's Business
Benefit Association

Access to shipandinsure.com

Discounts on Products and Services:

Trade Advertising, Shipping, Travel,
Dealer Supplies,
Security, and More...

HOW TO JOIN

Complete the Membership Form.

Make your check for \$50 payable to ACNA

Mail to: ACNA
PO Box 4389
Davidson, NC 28036

Or Fax to: 704-895-0230

Questions?? Call us at 1-800-287-7127

SHOW PROMOTER MEMBERSHIP FORM

Business Name _____

Your Name _____

Spouse/Partner _____

Mailing Address _____

City _____ State _____ Zip _____

Business# _____

Fax# _____

E-Mail _____

Web Address _____

Describe your show(s) _____

How did you hear about us? _____

CREDIT CARD AUTHORIZATION

Circle one: Visa Mastercard Discover

Card # _____

Expiration Date _____

Amount: Dues \$ _____

Last three digits on back of card _____

Card Billing Address: _____

Signature _____

SHOW LIABILITY INSURANCE

COVERAGE

COMPREHENSIVE GENERAL LIABILITY
\$1,000,000 PER OCCURRENCE
\$2,000,000 PER AGGREGATE

ATTENDANCE	RATES
Up to 5,000	\$170.00
5,001 to 10,000	\$410.00
Over 10,000	\$570.00
Open Attendance Shows	\$310
Property Owners as Additional Insured	No Charge
Food Service	\$105.00
Auctions	\$210.00
Special Events	\$105.00
Storage/Warehouse	\$52.50
Dealers Named as Additional Insured	\$26.25 each
Dealers Added on a Blanket Basis as Additional Insured (All or None)	\$3.15 each per show
All Other Additional Insured	\$26.25 per show
Office Premises and/or Operations (Annual Policy Only)	\$52.50
Proof of Insurance as Required (Certificate of Insurance)	No Charge

Rates include Surplus Lines Tax and Policy Fee.

Policy Options:

All Premiums Based on Estimated Attendance

1. Per Show – Premium paid in advance and coverage certificate issued from 12:01 AM show set up day thru 11:59 PM last day of show.
2. Annual Policy – Policy issued for one year with all shows and other exposures listed. Discounted rates

HOW TO GET INSURED

1. You must be a member of **ACNA**.
2. Complete the Insurance Application. Be sure to answer every question, sign and date.
3. Calculate the premium from the table.
4. Mail the application & your check payable to:
**Association Insurance Administrators
P O Box 4389
Davidson, NC 28036**

Or Fax to: 704-895-0230

Questions? 800-287-7127

SHOW PROMOTERS LIABILITY INSURANCE APPLICATION

Name: _____ Phone# _____

Business Name: _____ Fax# _____

Mailing Address: _____ Email _____

LIST OF SHOWS TO BE COVERED: If more room is needed attach list or copy of this form.

Show #	Show Location	Show Dates	Estimated Attendance	Name & Address of Additional Insured

1. Do you charge admission? Yes No
2. Do you provide food service? Yes No
If yes, is it Owned by you Provided by show facility Contracted third party
3. Do you provide security? Yes No
If yes, describe: _____
4. Do you provide set up workers? Yes No
If yes, who pays them? _____
5. Do you promote any other activities at the show? i. e. speakers, meetings, auctions etc. Yes No
If yes, describe: _____
6. Present Insurance Company _____ Limits _____
7. How long have you been in business? _____
8. Have you had a loss in the last 5 years? Yes No If yes, describe: _____

-
9. Do you want to add dealers on a blanket basis to the coverage at a cost of \$3.15 each? Yes No
If so we need to know the number of dealers at each show. If you have an annual policy they can be reported after the show.
 10. Do you want to cover your office and general operations under this policy? Yes No
If so you will need an annual policy.

Two Ways to Do It. Choose One

- Per Show – The premium must be paid prior to the show so that the certificate of coverage can be issued prior to the show.
- Annual Policy – An annual policy covering all your shows, office and business operations with show attendance estimated.

The answers given on this application are true and accurate. This application does not constitute a binder.

Date: _____ Signature: _____

Credit Card Authorization

VISA Mastercard Discover Card# _____ Exp. Date _____
Last three digits on back of card: _____ Amount Authorized: \$ _____
Billing Address on Card: _____

Signature _____

Mail to: AIA, P O Box 4389, Davidson, NC 28036 Fax to: 1-704-895-0230

WEB

Show Promoter
(SUPPLEMENTAL) APPLICATION FOR INSURANCE

Business Name _____

Check the optional coverage you would like added to your policy.

OPTIONAL COVERAGES (Available in All States)

- Loss of Income (Pays for loss of profit and continuing expenses should your business be interrupted by an insured peril)
Amount of Coverage Desired \$ _____
Determine the amount of monthly profit and continuing expenses and multiply by 3, 6, or 12 months.
- Coverage for furniture fixture and equipment. Amount of Coverage Desired \$ _____
- Coverage for improvements and betterments to a leased building. Amount of Coverage Desired \$ _____
- Outdoor Signs Coverage: Amount of Coverage Desired \$ _____
- Exterior Building Glass: Amount of Coverage Desired \$ _____
Do you own or lease your building? Own Lease
Amount of Coverage is estimated cost of replacement of all exterior building glass.
We will need a schedule of all covered glass with description and measurement.

OPTIONAL LIABILITY COVERAGE (Available in All States)

- Add liability for Warehouse
- Add liability for an Apartment or Store or Office or Other space rented to others by you.
How Many? _____ Describe _____
- Add the following as an additional Insured onto my policy.
Name: _____
Address: _____ City _____ ST _____ ZIP _____

OPTIONAL BUILDING COVERAGE (One app for each Building) Please attach picture.
(Available in Most States)

1. Address of Property _____
City _____ County _____ St _____ Zip _____
2. Amount of Insurance Desired \$ _____ 3. Deductible Desired \$ _____ (\$500 Min.)
4. Construction: Frame (wood) Masonry with wood joist Masonry with steel joist Steel Other _____
5. Within City Limits: Yes No 6. Monitored Alarm System: Yes No 7. Sprinklered: Yes No
8. Year Built: _____ Age of Wiring _____ Age of Roof _____ Age of Plumbing _____ Age of Heating _____
9. Square Footage: _____ 10. Number of Stories: _____
11. How close is the nearest fire department? _____ The nearest fire hydrant? _____
12. If Coastal, what is the distance to water from this building?
 Less than 1500 ft. 1500 ft. to 1 mile 1 to 5 miles 5 to 10 miles Over 10 miles
13. Mortgagee: Name: _____
Address: _____
City, State, Zip: _____
Attention: _____ Loan#: _____