

Henry Ham Insurance Agency

645 E Evans Ave. PO Box 100547

Denver, CO 80210



Premium Rates and Benefits — SINGLE VENDOR

\$1,000,000 per occurrence/ \$2,000,000 Aggregate - \$52.50 for up to 5 days.

Name of Applicant _____

Contact Information

Fax _____ Email _____

Address of Applicant _____

Phone _____

Dates of Event _____

Time(s) _____

Location of Event _____

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 the policy:

1.) _____ 2.) _____ 3.) _____

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 And Associates, Inc.

Enclosed is my check for the total premium.

Please bill by Visa / MasterCard / AmEx / Discover Card # _____ Exp. Date _____

Authorized Signature _____ Date _____