

EXHIBITOR INSURANCE APPLICATION FOR ICM 2017

1. Name of Applicant: _____
2. Mailing Address: _____
3. E-mail Address: _____
4. Product/Service Promoted: _____

Does your booth/display include any of the following?

- Alcoholic Beverages
- Amusement Devices (e.g. rides, inflatables, trampolines, mechanical bulls, etc.)
- Athletic Performances or Stunts
- Chemicals
- Computers / computer parts
- E-commerce selling
- Electronics – if they are not CSA approved
- Games
- Installation, service or repair of products
- Live Animals
- Lotions, soaps, other skin-care items
- Nutritional/Health or Dietary Supplements/Weight-loss plans or products
- Medical Testing
- On-site Equipment Sales/Rentals
- Oxygen/Aromatherapy Bars
- Pesticides
- Pharmaceuticals or Nutraceuticals
- Time Share Sales
- Toys
- Vehicles in Motion
- Vitamins

If yes, which items: _____

4. Name of Show/Event(s): 31st ICM Triennial Congress (ICM 2017)
5. Dates of Event(s): June 18-22, 2017

6. Do your booth operations include interacting with the public in any way other than describing your product, and/or handing out information, forms for attendees to complete, samples or giveaways? ☐ Yes ☐ No

If Yes please describe additional operations: _____

7. Limit of Liability Requested: \$5,000,000 CDN (total cost is \$200 plus applicable tax for most exhibitors)



THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- a) Applicant warrants and represents that the above answers and statements are in all respects true and material to the issuance of an Insurance Policy and that Applicant has not omitted, suppressed or misstated any facts.
- b) The signing and filing of this application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance is issued by the Company in response thereto.
- c) All exclusions in the Policy apply regardless of any answers or statements in this Application.
- d) If any of the above questions have been answered fraudulently, or in such a way as to conceal or misrepresent any material fact or circumstance concerning this Insurance or the subject thereof, the entire Policy shall be void.

Applicant Signature: _____ Date: _____

Title: _____ Phone: _____

ONCE SIGNED & COMPLETED, PLEASE E-MAIL (andrews@prolink.insure) OR FAX THE APPLICATION TO THE INSURANCE BROKER, PROLINK INSURANCE., ATTENTION: ANDREW SPENCER. TOLL FREE FAX NUMBER: 1-877-595-1649. LMS PROLINK WILL CONFIRM RECEIPT WITHIN A BUSINESS DAY. IF YOU REQUIRE ANY ASSISTANCE COMPLETING THE APPLICATION, PLEASE BE ENCOURAGED TO CONTACT ANDREW SPENCER AT 1-800-663-6828 EXT. 7715 OR andrews@prolink.insure.

