

***IMPORTANT- Please take care of immediately!***

***RE: CERTIFICATE OF LIABILITY INSURANCE***

*As you may know, as an exhibitor participating in a show, you must have adequate Liability Insurance with a **minimum \$2,000,000** limit to protect the Exhibitors, the attending public, the show organizer and yourself.*

**Our insurance policy does not extend coverage to any exhibits and requires you to submit a Certificate of Insurance upon receipt of the exhibitor's manual.**

There are (2) ways to arrange the required Insurance:

**OPTION #1: SINGLE EVENT INSURANCE**

SME appointed **Exhibitor Insurance.com** as the recommended Insurance contractor for exhibitors. Order directly online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com) and scroll to:

**Advanced Manufacturing Canada**

**OPTION #2: YOUR OWN INSURANCE**

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- **SME** listed as an additional insured.
- Dates of the show: **Nov 1- Nov 3, 2016** (includes move in and out dates)
- Comprehensive General Liability of \$2,000,000
- Bodily Injury and Property Damage Liability subject to a maximum \$1,000 Deductible.
- Products and Completed Operations Liability
- Contingent Employers Liability
- Broad form Property Damage
- Cross Liability clause
- Severability of Interest Clause

*Your understanding and compliance with this requirement, is greatly appreciated and we thank you for your effort in ensuring the well being of everyone.  
Have a prosperous and safe show.*

# EXHIBITOR INSURANCE APPLICATION, CANADA

## APPLICATION INFORMATION

Applicant Phone:

Applicant Fax:

Name of Business:

Mailing address:

City

Province/State

Postal Zip Code

 Email address - **REQUIRED TO RECEIVE INVOICE AND CERTIFICATE OF INSURANCE:**

Describe in detail all products/services to be sold/offered by you at event:

## EVENT INFORMATION

Name of Event Organizer (to be shown on certificate of insurance):

Event Name:

Address Of Event Organizer:

Event Location and Address:

City

Province/State

Postal/Zip Code

City

Province/State

Postal/Zip Code

**EVENT DATES** (Including Move In and Move Out):

**FROM**

dd

mm

yyyy

**TO**

dd

mm

yyyy

## SCHEDULE OF COVERAGES

**\$2,000,000 Liability Limits:** General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$250,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.

**\$25,000 Inland Marine** limit – covers your property while in transit to and from the Event Location (three days before and three days after the Event), and while on the Event premises. Subject to \$1,000 deductible.

**Coverage is subject to underwriting review. Ineligible Risks:** Food & Beverages, Alcohol, Amusement Devices, Athletic performances and stunts, Body piercing and permanent tattooing on site, Chemicals, E-Commerce selling on site, Fertilizers, Firearms, Fireworks Sales & Displays, Pyrotechnics, Games, Installation, Services or Repairs of products on Site, Live Animals, Medical Testing, On-site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Skin Care Products/Cosmetics, Time Share Sales, Tobacco Products, Licensed or Unlicensed Motorized Vehicles, Watercraft exhibits in water. **Note: There is no Liability coverage for Vehicles in Motion. Property excluded:** EDP (Electronic Data Processing), audio & video equipment, watches, jewellery made of precious or semi precious stones and/or precious metals, money, bullion, securities, stamps, antiques, furs, and fine arts.

I hereby appoint Brokers Trust Insurance Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. I hereby declare that all of the above is true and correct. With respect to this application or any change in coverages, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, and analyzing business results.

Please Print Your Name:

Signature:

DD

MM

YYYY

The above insurance program will only be offered if the application form is signed and completed in full, and the payment and the application form are received in our offices prior to the opening show date. Completion of this application does not automatically bind coverage. We reserve the right to review all risks following online binding for underwriting compliance. **Premium and fee are minimum, retained and fully earned.** No refunds. Coverage is void if payment is returned N.S.F. NSF fee of \$50 will apply. A full copy of this policy is available upon request or online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com). A copy of the certificate is available to your Show Organizer upon their request.

## PAYMENT INFORMATION: In CAN Funds

\* Higher limits available for an additional premium

▼ Please Select ►

☐ Liability Only

☐ Liability + Property **\$25,000\***
☐ Preferred Rate

 Payment received **at least 14 days before show**

 Premium \$46 + Fee \$109.32 + RST = **\$159**

 Premium \$71 + Fee \$118.32 + RST = **\$195**
☐ Regular Rate

 Payment received **13 days or less before show**

 Premium \$46 + Fee \$125.32 + RST = **\$175**

 Premium \$71 + Fee \$133.32 + RST = **\$210**
**TOTAL** ►

**\$CAN**
**\$CAN**
**Payment type:**


Card#

Exp Date:

mm/yy

If mailing a cheque, please remit payment to:

 (The payment due on the **Credit Card** statement will be in the name of [www.ExhibitorInsurance.com](http://www.ExhibitorInsurance.com))

CCV #:

3 digit

**Brokers Trust**
**Insurance Group Inc.**

2780 Hwy 7, Unit 103.

Concord, ON

L4K 3R9

Phone: 905-695-2971

Fax: 905-760-2260

Name of the Credit Card Holder:

 Fill in your **credit card billing address** if it is different from mailing address above, to process your payment:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cardholder Signature

I agree to pay above total according to my card issuer agreement.

 Please submit the application by **EMAIL** to [info@exhibitorinsurance.com](mailto:info@exhibitorinsurance.com) or by **FAX** to **1-866-296-4199**