

EXHIBITOR INSURANCE APPLICATION, CANADA

APPLICANT INFORMATION		Phone: _____		Fax: _____	
Name of Business: _____					
Mailing address: _____		City _____	Province/State _____	Postal Zip Code _____	Country _____
REQUIRED - Email address : _____					
Describe products/services to be sold/displayed at event: _____					
EVENT INFORMATION					
Name of Event Organizer (to be shown on certificate of insurance): _____			Event Name: _____		
Address Of Event Organizer: _____			Event Address: _____		
City _____		Province/State _____	Postal/Zip Code _____	City _____	
		Province/State _____	Postal/Zip Code _____		
Additional Insured: _____				Booth Number: _____	
EVENT DATES (Including Move In and Move Out):		FROM	DD / MM / YYYY	TO	DD / MM / YYYY
SCHEDULE OF COVERAGES * Higher limits available					
\$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 . A copy of the certificate is available to your Show Organizer upon their request.					
PAYMENT INFORMATION: BUY ONLINE, www.ExhibitorInsurance.com, rates starting from \$159					
Please Select One In CAN Funds ►		☐ Liability Only		☐ Liability + Property \$25,000*	
		Premium \$46 + Fee \$125.32 + RST = \$175		Premium \$71 + Fee \$133.32 + RST = \$210	
Payment type:   		Card# _____		Expiry 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)			
Brokers Trust Insurance Group Inc. 2780 Hwy 7, Unit 103. Concord, ON L4K 3R9 Phone: 905-695-2971 Fax: 905-760-2260		Credit Card Holder's Name: _____ Fill in your credit card billing address if it is different from mailing address above, to process your payment: _____			
Date: _____		Cardholder Signature _____ <i>I agree to pay above total according to my card issuer agreement.</i>			