APPLICANT INFORMAT	TION, CANADA		Applicant Phone:				
Name of Business:							
Mailing Address:			City	Province/State	Postal/Zip Code	Country	
Email Address - REQUI	RED:						
Describe in detail all the	products/services to	be sold/o	ffered by	you at the event:			
EVENT INFORMATION							
Name of Event Organize	r to be shown on certificate of ir	nsurance:	Event Name:				
Address of Event Organia	zer:		Event Location and Address:				
City Province/State	Postal/Zip Code	Country	City	Province/State	Postal/Zip Code	Country	
Please enter the required	Additional Insure	eds below:					
Booth Number:	Event Dates (Including Move In an	nd Move Out)	Fron	n: DD/MM/YYYY	To: DD/	MM / YYYY	
SCHEDULE OF COVER	AGES						
\$2,000,000 Liability Limit: Ge Advertising Injury, Fire Damage Li Coverage is subject to underwri Body piercing and permanent tattc Pyrotechnics, Games, Installation, Oxygen/Aromatherapy Bars, Pesti Time Share Sales, Tobacco Produfor Vehicles in Motion.	mit - \$300,000. Subject to iting review. Ineligible Ris- poing on site, Chemicals, E Services or Repairs of pro- cides, Pharmaceuticals, No	\$1,000 BI, PD sks: Food & Bo -Commerce se oducts on Site, utraceuticals, \	and Expenseverages, A celling on site Live Anima /itamins, He	ses Deductible. Icohol, Amusement Devi , Fertilizers, Firearms, Fi Is, Medical Testing, On-sealth or Dietary Suppleme	ices, Athletic performan reworks Sales & Displa ite Equipment Sales/Re ents, Skin Care Product	ces and stunts, ys, entals, s/Cosmetics,	
\$25,000 Inland Marine options before and three days after the Ev Property excluded: EDP (Electron precious metals, money, bullion, s	ent), and while on the Ever nic Data Processing), audio	nt premises. Ś o & video equi _l	ubject to \$1 oment, watc	,000 deductible.			
I hereby appoint Brokers Trust Ins information provided above. I here authorize you to collect, use and d and detect and prevent fraud, and	urance Group Inc. as my a by declare that all of the all isclose information as perr	uthorized repressive an bove is true an mitted by law fo	esentative fo d correct. W	ith respect to this applica	ation or any change in c	overages, I	
Please Print Your Name:	Signature) :		DD / N	/M / YYYY		
The above insurance program will received in our offices prior to the review all risks following online bin Coverage is void if payment is retu www.exhibitorinsurance.com. A consumer Select Coverage, Coverage is void in payment is returned by the coverage of the coverage is void in payment in the coverage of the cove	opening show date. Compl ding for underwriting comp urned N.S.F. NSF fee of \$5 opy of the certificate is avai	letion of this ap oliance. Premi io will apply. A ilable to your S	oplication do um and fee full copy of	es not automatically bind are minimum, retained this policy is available up- izer upon their request	coverage. We reserve and fully earned. No r	the right to efunds.	
\$2,000,000	Premium \$46+ Fee		Premium \$71+ Fee \$139 = \$210				
			_				

Please submit the application by EMAIL to info@exhibitorinsurance.com or by FAX to 1-866-296-4199



Payment Types:		7	Master	ard		PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE & CVV at		
Card #:						905-695-2971 or 1-866-836-9066		
Name of the Cre Fill in your Credit					f it is diffe	erent from the mailing address on page 1:		
Date:	DD	1	ММ	1	YYYY	Cardholder Signature:		
Please note that payment made by credit card will show as "Brokers Trust Insurance Group Inc." on your statement.								

Please submit the application by EMAIL to info@exhibitorinsurance.com or by FAX to 1-866-296-4199

If mailing a cheque, please remit payment to:

Brokers Trust Insurance Group Inc. 2780 Hwy 7, Unit 103. Concord, ON L4K 3R9

Phone: 905-695-2971

