APPLICANT INFO	RMATION,	USA		Applicant Phone:				
Name of Business:								
Mailing Address:				City	Province/State	Postal/Zip Code	Country	
Email Address - R	EQUIRED:							
Describe in detail a	II the produ	cts/services to	o be sold/o	offered by	you at the event:			
EVENT INFORMAT	TION							
Name of Event Org		hown on certificate of i	insurance:	Event Name:				
Address of Event C	Organizer:			Event Location and Address:				
City Province/S	tate Pos	stal/Zip Code	Country	City	Province/State	Postal/Zip Code	Country	
Please enter the re	quired Add	itional Insure	eds below:					
Booth Number:		Event Dates (Including Move In all	nd Move Out)	Fron	1: DD/MM/YYYY	To: DD/	MM / YYYY	
\$2,000,000 Liability Lin Advertising Injury, Fire Dar Coverage is subject to un Body piercing and perman Pyrotechnics, Games, Inst Oxygen/Aromatherapy Bar Time Share Sales, Tobacc	mage Limit - \$3 nderwriting rev ent tattooing on allation, Service rs, Pesticides, P	00,000. Subject to view. Ineligible Ri site, Chemicals, E es or Repairs of pro Pharmaceuticals, N	\$1,000 BI, PE sks: Food & E E-Commerce s oducts on Site lutraceuticals,	and Expenseverages, A elling on site, Live Anima Vitamins, He	ses Deductible. Icohol, Amusement Devi , Fertilizers, Firearms, Fir Is, Medical Testing, On-si ealth or Dietary Suppleme	ces, Athletic performan eworks Sales & Displa te Equipment Sales/Re ents, Skin Care Product	ces and stunts, ys, entals, s/Cosmetics,	
\$10,000 Inland Marine before and three days afte Property excluded: EDP precious metals, money, b	r the Event), an (Electronic Data	d while on the Eve a Processing), audi	ent premises. S io & video equ	Subject to \$1 ipment, watc	,000 deductible.		•	
I hereby appoint Brokers T information provided above authorize you to collect, us and detect and prevent fra	rust Insurance (e. I hereby declared and disclose	Group Inc. as my a are that all of the a information as per	authorized repr bove is true ar mitted by law f	resentative fond correct. W	ith respect to this applica	tion or any change in c	overages, I	
Please Print Your Name:			Signature	e:		DD / N	MM / YYYY	
The above insurance progreceived in our offices prioreview all risks following or Coverage is void if paymer www.exhibitorinsurance.cc	or to the opening nline binding for nt is returned N. om. A copy of the GE, USD F	show date. Comp underwriting com S.F. NSF fee of \$5 ne certificate is ava UNDS	pletion of this a pliance. Prem i 50 will apply. A ailable to your s	pplication do i um and fee full copy of	es not automatically bind are minimum, retained this policy is available upo izer upon their request	coverage. We reserve and fully earned. No ron on request or online at	the right to efunds.	
Please select one:	•	Liability (nly		Liability + \$	10,000 Property	Coverage	
\$2,000,000	P	remium \$66 + Fee	÷\$83 = \$149		F	Premium \$76 + Fee \$93	= \$169	

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

