APPLICANT INFORMAT	ION, CANADA	Ap	Applicant Phone:				
Name of Business:							
Mailing Address:	ing Address:				Postal/Zip Code	Country	
Email Address - REQUIR	RED:						
Describe in detail all the p	products/services to	be sold/offer	red by	you at the event:			
EVENT INFORMATION							
Name of Event Organizer	to be shown on certificate of ins	surance: EV	Event Name:				
Address of Event Organiz	zer:	Ev	Event Location and Address:				
City Province/State	Postal/Zip Code	Country Cit	.V	Province/State	Postal/Zip Code	Country	
•	·		•		·	,	
Please enter the required	Additional Insure	ds below:					
Booth Number:	Event Dates (Including Move In and	d Move Out)	Fron	1: DD/MM/YYYY	To: DD/	MM / YYYY	
SCHEDULE OF COVERA	AGES						
\$2,000,000 Liability Limit: Gen Advertising Injury, Fire Damage Lin Coverage is subject to underwrit Body piercing and permanent tattor Pyrotechnics, Games, Installation, Oxygen/Aromatherapy Bars, Pestic Time Share Sales, Tobacco Productor Vehicles in Motion.	nit - \$300,000. Subject to \$ ing review. Ineligible Ris bing on site, Chemicals, E- Services or Repairs of proc bides, Pharmaceuticals, Nu	\$1,000 BI, PD and ks: Food & Bever Commerce selling ducts on Site, Live traceuticals, Vitar	d Expens rages, A g on site e Animal mins, He	ses Deductible. Icohol, Amusement Devi , Fertilizers, Firearms, Fir ls, Medical Testing, On-si ealth or Dietary Suppleme	ces, Athletic performar eworks Sales & Displa te Equipment Sales/Re nts, Skin Care Produc	nces and stunts, ys, entals, ts/Cosmetics,	
\$25,000 Inland Marine optional and three days after the Event), and Property excluded: EDP (Electron precious metals, money, bullion, see	d while on the Event preminic Data Processing), audic	ses. Subject to \$1	1,000 de ent, wato	ductible.			
I hereby appoint Brokers Trust Insu information provided above. I hereb authorize you to collect, use and di and detect and prevent fraud, and a	rrance Group Inc. as my au by declare that all of the ab sclose information as perm	thorized represer ove is true and co litted by law for the	ntative forrect. W	ith respect to this applica	tion or any change in o	coverages, I	
Please Print Your Name:	Signature:			DD / 1	MM / YYYY		
The above insurance program will or received in our offices prior to the contract of the contr	opening show date. Comple ding for underwriting compl rned N.S.F. NSF fee of \$50 opy of the certificate is avail	etion of this applic iance. Premium 0 will apply. A full able to your Show	ation do and fee copy of	es not automatically bind are minimum, retained this policy is available upo zer upon their request	coverage. We reserve and fully earned. No	e the right to refunds.	
\$2,000,000	Premium \$46+ Fee \$116.04 + RST			Premium \$71+ Fee \$123.44 + RST = \$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					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

