

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):
 Camping in Ontario/OPCA

 Event Name:
CampEx 2014

 Address Of Event Organizer:
 1915 Clements Road, Unit 6

 Event Address:
 Blue Mountain Resort

 City Province/State Postal/Zip Code
 Pickering ON L1W 3V1

 City Province/State Postal/Zip Code
 Collingwood ON

EVENT DATES (Including Move In and Move Out):

FROM

 dd mm yyyy
 16 Nov 2014

TO

 dd mm yyyy
 17 Nov 2014

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: Alcoholic beverages, 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, 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: In CAN Funds

* Higher limits available for an additional premium

▼ Please Select ►		<input type="checkbox"/> Liability Only	<input type="checkbox"/> Liability + Property \$25,000*
<input type="checkbox"/> Preferred Rate	Payment received at least 14 days before show	Premium \$46 + Fee \$109.32 + RST = \$159	Premium \$71 + Fee \$118.32 + RST = \$195
<input type="checkbox"/> 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#

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 Highway 7, ste 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.