

EXHIBITOR INSURANCE APPLICATION, Canadian National Exhibition, 2016

APPLICANT INFORMATION		Tel: _____	Fax: _____
Company Name: as it appears on your CNE contract (MANDATORY)			
Booth Name (if different than above):			
Type of Business, or products to be sold:			
Mailing address:			
City	Province	Country	Postal Code
Email address REQUIRED TO RECEIVE YOUR CERTIFICATE OF INSURANCE:			
Show Organizer CANADIAN NATIONAL EXHIBITION ASSOCIATION , 210 Princes' Blvd, Exhibition Place, Toronto, ON, M6K 3C3			
Pavilion / Outdoor - Booth Location:			Booth#:
Event Date (Includes Mandatory Move In and Move Out Coverage)		August 12, 2016 – September 09, 2016	
SCHEDULE OF COVERAGES			
\$2,000,000 or \$5,000,000 Liability Limits: General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$300,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.			
Coverage is subject to underwriting review. Ineligible Risks: 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 Name:	Signature:	DD	MM
		/	/
YYYY			
Note: 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.			
Received on or Before June 28, 2016 or After June 28, 2016			
Commercial Exhibitor – NON FOOD \$2,000,000 Liability only	Premium \$46 + Fee \$99.32 + RST	\$149	
Exhibitors selling FOOD ITEMS - Minimum of \$5,000,000 Liability only	Premium \$169 + Fee \$102.48 + RST	\$285	
		\$335	
*** Please Select One Of Two Insurance Products Above ***			
<div style="display: flex; align-items: center;"> </div>			
Credit Card Holders Name: _____			
If mailing a cheque, please remit payment to:		Credit Card # _____	
Exp Date _____ / _____ MM YY		CCV # _____ 3 Digit	
Fill in your credit card billing address if different from mailing address above:			

Brokers Trust Insurance Group Inc. 2780 Hwy 7, Unit 103. Concord, ON, L4K 3R9			
Phone: 905-695-2971 Fax: 1-866-296-4199		Date: ____ / ____ / ____ DD MM YYYY Card Holder Signature: _____	
<small>I agree to pay above total according to my card issuer agreement.</small>			

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