



***IMPORTANT- Please take care of immediately!***

***RE: CERTIFICATE OF LIABILITY INSURANCE***

*As you may know, as an exhibitor participating in a show, you must have adequate Liability Insurance with a **minimum \$2,000,000** limit to protect the Exhibitors, the attending public, the show organizer and yourself.*

**Our insurance policy does not extend coverage to any exhibits and requires you to submit a Certificate of Insurance upon receipt of the exhibitor's manual.**

There are (2) ways to arrange the required Insurance:

**OPTION #1: SINGLE EVENT INSURANCE**

**Newcom Média Québec** appointed **Brokers Trust Insurance Group Inc.** as the recommended Insurance contractor for exhibitors. Order directly online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com) and scroll to **ExpoCam 2015**

**OPTION #2: YOUR OWN INSURANCE**

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- **Newcom Média Québec** listed as an additional insured
- Dates of the show: **April 13-19, 2015** (includes move in and out dates)
- Comprehensive General Liability of \$2,000,000
- Bodily Injury and Property Damage Liability subject to a maximum \$1,000 Deductible
- Products and Completed Operations Liability
- Contingent Employers Liability
- Broad form Property Damage
- Cross Liability clause
- Severability of Interest Clause

*Your understanding and compliance with this requirement, is greatly appreciated and we thank you for your effort in ensuring the well being of everyone.*

*Have a prosperous and safe show.*

**EXHIBITOR INSURANCE APPLICATION, CANADA**

<b>APPLICATION INFORMATION</b>	Applicant Phone: _____	Applicant Fax: _____
Name of Business: _____		
Mailing address: _____	City _____	Province/State _____
Postal Zip Code _____		
Email address - <b>REQUIRED TO RECEIVE INVOICE AND CERTIFICATE OF INSURANCE:</b> _____		
Describe in detail all products/services to be sold/offered by you at event: _____		

<b>EVENT INFORMATION</b>		
Name of Event Organizer (to be shown on certificate of insurance): Newcom Media	Event Name: <b>ExpoCam 2015</b>	
Address Of Event Organizer: 451 Attwell Drive	Event Address: Place Bonaventure 800 De La Gauchetiere St. W.	
City _____ Province/State _____ Postal/Zip Code _____ Toronto Ontario M9W 5C4	City _____ Province/State _____ Postal/Zip Code _____ Montreal QC. H5A 1K6	
<b>EVENT DATES</b> (Including Move In and Move Out):	<b>FROM</b>	<b>TO</b>
	dd mm yyyy 13 04 2015	dd mm yyyy 19 04 2015

**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:** Food & Beverages, 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 Your Name: _____	Signature: _____	DD _____	MM _____	YYYY _____
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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](http://www.exhibitorinsurance.com). A copy of the certificate is available to your Show Organizer upon their request.

<b>PAYMENT INFORMATION:</b> In CAN Funds		* Higher limits available for an additional premium	
▼ Please Select ►	<input type="checkbox"/> Liability Only	<input type="checkbox"/> Liability + Property <b>\$25,000*</b>	
<input type="checkbox"/> Preferred Rate Payment received <b>at least 14 days before show</b>	Premium \$46 + Fee \$109.32 + RST = <b>\$159</b>	Premium \$71 + Fee \$118.32 + RST = <b>\$195</b>	
<input type="checkbox"/> Regular Rate Payment received <b>13 days or less before show</b>	Premium \$46 + Fee \$125.32 + RST = <b>\$175</b>	Premium \$71 + Fee \$133.32 + RST = <b>\$210</b>	
<b>TOTAL ►</b>	<b>\$CAN</b>	<b>\$CAN</b>	

**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](http://www.ExhibitorInsurance.com))

**Brokers Trust Insurance Group Inc.**  
 2780 Hwy 7, Unit 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.*