

EXHIBITOR INSURANCE APPLICATION, United States

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): _____			Event Name: _____		
Address Of Event Organizer: _____			Event Location and Address: _____		
City _____		Province/State _____	Postal/Zip Code _____		City _____
		Province/State _____	Postal/Zip Code _____		
EVENT DATES (Including Move In and Move Out):		FROM	dd	mm	yyyy
		TO	dd	mm	yyyy
SCHEDULE OF COVERAGES					
\$1,000,000, per occurrence with \$2,000,000 aggregate Limit General Liability, Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$300,000 and \$500,000 unowned automobile liability. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.					
\$10,000 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 _____	
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 US Funds					
▼ Please Select					
\$1,000,000, per occurrence with \$2,000,000 aggregate, Liability Only				Premium + Fee = \$125	
\$1,000,000, per occurrence with \$2,000,000 aggregate Limit + \$10,000 Property Coverage				Premium + Fee = \$143	
TOTAL ▶				\$US	
Payment Type:		  Card# _____		PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE & CVV at 905-695-2971 or 1-866-836-9066	
(The payment due on the Credit Card statement will be in the name of www.ExhibitorInsurance.com)					
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>I agree to pay above total according to my card issuer agreement.</i>					