exhibitorinsurance.com

APPLICANT INFORMATION, USA	Applicant Phone:
Name of Business:	
Mailing Address: City Province/State Postal/Zip Code Country	
Email Address - REQUIRED:	
Describe in detail all the products/services to be sold/offered by you at the event:	

EVENT INFORMATION	
Name of Event Organizer to be shown on certificate of insurance:	Event Name:
National Event Management Inc.	The National Franchise Show - Tampa 2025
Address of Event Organizer:	Event Location and Address:
260 Town Centre Blvd, Suite 102	Tampa Convention Centre, 333 S Franklin St
City Province/State Postal/Zip Code Country	City Province/State Postal/Zip Code Country
Markham, Ontario, L3R 8H8, Canada	Tampa, Florida, 33602, USA
Please enter the required **Additional Insureds** below:	

Booth Number:	Event Dates (Including Move In and Move Out)	From: DD / MM / YYYY	To: DD / MM / YYYY
		31/10/2025	02/11/2025

SCHEDULE OF COVERAGES

$1,000,000 Liability Limit: General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - $300,000. Subject to $1,000 BI, PD and Expenses 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.**

$10,000 Inland Marine optional (Property Coverage) 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.
Property excluded: EDP (Electronic Data Processing), audio & video equipment, watches, jewelry 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

SELECT COVERAGE, USD FUNDS

Please select one:	Liability Only	Liability + $10,000 Property Coverage
$1,000,000	☐ Premium $60 + Fee $79 = **$139**	☐ Premium $70 + Fee $89 = **$159**

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

*Please proceed to page 2 for payment information**

exhibitorinsurance.com

PAYMENT INFORMATION

Payment Types: VISA MasterCard

PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE & CVV at 905-695-2971 or 1-866-836-9066

Card #: _____

Name of the Credit Card Holder: _____

Fill in your Credit Card's billing address if it is different from the mailing address on page 1:

_____

Date: DD / MM / 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

Brokers Trust