APPLICANT INFORMAT	ION, USA	Applica	Applicant Phone:				
Name of Business:							
Mailing Address:		City	Province/State	Postal/Zip Code	Country		
Email Address - REQUIF	RED:						
Describe in detail all the p	oroducts/services to b	pe sold/offered by	you at the event:				
EVENT INFORMATION							
Name of Event Organizer	to be shown on certificate of insur	rance: Event N	Event Name:				
Address of Event Organiz	er:	Event L	Event Location and Address:				
City Province/State	Postal/Zip Code	Country City	Province/State	Postal/Zip Code	Country		
Please enter the required	Additional Insured	s below:					
Booth Number:	Event Dates (Including Move In and M	Fror	m: DD/MM/YYYY	To: DD/M	MM / YYYY		
\$1,000,000 Liability Limit: Gen Advertising Injury, Fire Damage Lin Coverage is subject to underwriti Body piercing and permanent tattoc Pyrotechnics, Games, Installation, Soxygen/Aromatherapy Bars, Pestic Time Share Sales, Tobacco Productor Vehicles in Motion.	nit - \$300,000. Subject to \$1 ing review. Ineligible Risks bing on site, Chemicals, E-Co Services or Repairs of produ ides, Pharmaceuticals, Nutra	,000 BI, PD and Expen s: Food & Beverages, A ommerce selling on site octs on Site, Live Anima aceuticals, Vitamins, He	ses Deductible. Alcohol, Amusement Devi e, Fertilizers, Firearms, Fir Ils, Medical Testing, On-si ealth or Dietary Suppleme	ces, Athletic performanc eworks Sales & Display te Equipment Sales/Rei ents, Skin Care Products	ces and stunts, rs, ntals, s/Cosmetics,		
\$10,000 Inland Marine optional before and three days after the Eve Property excluded: EDP (Electron precious metals, money, bullion, se	nt), and while on the Event pic Data Processing), audio &	oremises. Subject to \$1 video equipment, watc	,000 deductible.	,	·		
I hereby appoint Brokers Trust Insu information provided above. I hereb authorize you to collect, use and dis and detect and prevent fraud, and a	rance Group Inc. as my authory declare that all of the above sclose information as permitted.	norized representative for is true and correct. We	Vith respect to this applica	tion or any change in co	overages, I		
Please Print Your Name:		Signature:		DD / M	IM / YYYY		
The above insurance program will or received in our offices prior to the or review all risks following online bind Coverage is void if payment is return www.exhibitorinsurance.com. A conselect Coverage, U. Please select one:	pening show date. Completi ding for underwriting complia med N.S.F. NSF fee of \$50 w py of the certificate is availate	on of this application do nce. <b>Premium and fee</b> will apply. A full copy of ole to your Show Organ	pes not automatically bind are minimum, retained this policy is available upo izer upon their request	coverage. We reserve and fully earned. No re	the right to efunds.		
\$1,000,000	Premium \$60 + Fee \$7	<sup>'</sup> 9 = <b>\$139</b>	Premium \$70 + Fee \$89 = <b>\$159</b>				

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



Payment Types:		7	Master	ard		PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE & CVV at		
Card #:						905-695-2971 or 1-866-836-9066		
Name of the Cre					f it is diffe	erent from the mailing address on page 1:		
Date:	DD	1	ММ	1	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

