



I - Exhibitor Company Name:				Tel:	
Type of Business:				Fax:	
Mailing address:	Unit/Ste	City	Province	Postal Code	
(*) Email address (PLEASE INCLUDE YOUR EMAIL ADDRESS – REQUIRED TO RECEIVE YOUR INVOICE AND CERTIFICATE OF INSURANCE):					

II - Show Organizer (Complete legal Name(s) to be added on certificate as additional insured):
Shield Associates Ltd.

Address: 25 Bradgate Road	Unit/Ste	City Don Mills	Province ON	Postal Code M 3 B - 1 J 6			
Event Name: CMX & CIPHEX 2010 Address: Metro Toronto Convention Centre	Unit/Ste	City Toronto	Province ON	Booth#:			
Event Date (Includes Move In and Move Out):	FROM	dd 25	mm Mar	yyyy 2010	TO dd 27	mm Mar	yyyy 2010

SCHEDULE OF COVERAGES -

\$25,000 Property of Every Description (At the designated booth space) – Broad Form. **\$25,000 In Transit Coverage** (3 days before and after the show) Subject to \$1,000 Deductible and a 90% Co-Insurance. Higher limits available for an additional premium.

Vendor/Exhibitor Extra Expenses - \$5,000 limit Coverage up to purchase replacement items, and/or last-minute printing, due to event giveaways, brochures, audio visual equipment, or display structure(s) having been lost in transit, or damaged and therefore unusable, through no fault of the insured and reasons beyond their control, for any duration of the event. See wording for full coverage details.

\$2,000,000 Comprehensive General Liability – Bodily injury and Property Damage Liability, Subject to \$1,000 BI, PD and Expenses Deductible. Products and Completed Operations Liability (\$2,000,000 aggregate limit), Personal & Advertising Injury (\$2,000,000 aggregate limit), Employees as additional insureds, Volunteers as additional insureds, Owners, Managers or Lessors of Premises as additional Insured. **\$250,000** Tenants Legal Liability – Broad Form

- Coverage is subject to underwriting review. Limited coverages available for non qualifying risks. Asbestos Exclusion, Mold Fungi Exclusion, Data, War, Nuclear, Property flood and earthquake exclusion. Coverage limited to Event Premises. Territory Restriction – Canada Only. Suits brought in Canada Only.

Ineligible Risks: Children’s Toys, Chemicals, Fertilizers, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Firearms, Pesticides, Fireworks, Computers, Alcoholic beverages, Games, Licensed or Unlicensed Motorized Vehicles- including but not limited to: Motorcycles, Watercrafts, All terrain Vehicles, and Tractors. 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 valued at \$5,000 per item or greater. **Insurer: Various Insurers through Canfinse Group Inc.**

Note: I hereby appoint Canfinse Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. 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 Owner’s Name (if Sole Proprietorship): _____ Signature: _____ dd mm yy

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. Note: 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. 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.

III - PAYMENT TERMS AND CONDITIONS

<input type="checkbox"/> Preferred Rate (For payment received at least 14 days before the opening day of show , Premium \$50 + Fee \$109.26) = \$184.26 ▶	\$
<input type="checkbox"/> Regular Rate (For payment received 13 days or less before the opening day of show , Premium \$50 + Fee \$124.08) = \$199.08 ▶	\$
<input type="checkbox"/> Property Limit <input type="checkbox"/> \$25,000 (add \$25) <input type="checkbox"/> \$50,000 (add \$50) ▶	\$
<input type="checkbox"/> Provincial Tax ▶	\$
TOTAL ▶	\$

Payment type: Card# _____ Expiry Date mm yy

If mailing a cheque, PLEASE REMIT PAYMENT TO: **Canfinse Group Inc., 5000 Dufferin St, Ste 215, Toronto, ON M3H 5T5**

(The payment due on the **Credit Card** statement will be in the name of www.exhibitorinsurance.com)

Name of the Credit Card Holder: _____

Important: *Fill in your **credit card billing address** if it is different from mailing address above, to process your payment:

Cheque Money Order (Please make **Cheque** or **Money Order** payable to **Canfinse Group Inc.**)

Signature * _____

Date: ____/____/____ **I agree to pay above total according to my card issuer agreement.*