



CANFINSE GROUP INC.

www.canfinse.com

EXHIBITORS INSURANCE APPLICATION

ORDER ONLINE IN LESS THAN 2 MINUTES: www.exhibitorinsurance.com

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):
Canadian National Sportsmen's (1989) Limited
Address: 30 Village Centre Place
Unit/Ste City Province Postal Code
Event Name: Clean Canada 2012
Unit/Ste City Province Booth#:
Event Date (Includes Move In and Move Out): FROM TO

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. Optional Coverage - applies only if purchased. Higher limits available - contact us for pricing.
\$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), Employees as additional insureds, Volunteers as additional insureds, Owners, Managers or Lessors of Premises as additional Insured. \$250,000 Tenants Legal Liability - Broad Form. Higher limits available - contact us for pricing.
- 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 - * higher property limits available upon request

Table with 4 columns: Selection, Description, Liability Only - *** NEW ***, Liability + Property \$25,000*. Rows include Preferred Rate, Regular Rate, and TOTAL.

Payment type:
If mailing a cheque, please remit payment to: Canfinse Group Inc.
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:
Date: Cardholder Signature

I agree to pay above total according to my card issuer agreement.