

**EXHIBITOR INSURANCE APPLICATION, United States**

<b>APPLICATION INFORMATION</b>				Applicant Phone:	Applicant Fax:
Name of Business:					
Mailing address:		City	Province/State	Postal Zip Code	
Email address - <b>REQUIRED TO RECEIVE INVOICE AND CERTIFICATE OF INSURANCE:</b>					
Describe in detail all products/services to be sold/offered by you at event:					

<b>EVENT INFORMATION</b>					
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

<b>EVENT DATES</b> (Including Move In and Move Out):	<b>FROM</b>	dd	mm	yyyy	<b>TO</b>	dd	mm	yyyy
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**SCHEDULE OF COVERAGES**

**\$1,000,000 or \$2,000,000 Liability Limits:** General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$300,000. 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
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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](http://www.exhibitorinsurance.com). A copy of the certificate is available to your Show Organizer upon their request.

<b>PAYMENT INFORMATION: In US Funds</b>	
▼ Please Select	
<b>\$1,000,000 Liability Only</b>	Premium \$60 + Fee \$65 = <b>\$125</b>
<b>\$1,000,000 Liability + \$10,000 Property Coverage</b>	Premium \$70 + Fee \$73 = <b>\$143</b>
<b>TOTAL ▶</b>	<b>\$US</b>

Payment Type:	 	Card# _____	Exp Date: _____ mm/yy
<small>(The payment due on the Credit Card statement will be in the name of <a href="http://www.ExhibitorInsurance.com">www.ExhibitorInsurance.com</a>)</small>			CCV #: _____ 3 digit
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 agree to pay above total according to my card issuer agreement.