



CANFINSE GROUP INC.

www.canfinse.com

EXHIBITORS INSURANCE APPLICATION

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

I - Exhibitor Company Name:
Type of Business:
Mailing address:
Tel:
Fax:
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):
MATRIX NORTH EVENTS INC.
Address: P.O Box 300
Unit/Ste:
City: Midhurst
Province: ON
Postal Code: L 0 L - 1 X 0
Event Name: SEASONS CHRISTMAS SHOW 2011
Unit/Ste:
City: MISSISSAUGA
Province: ON
Booth#:
Event Dates: FROM dd mm yyyy TO dd mm yyyy
18 11 2011 20 11 2011

SCHEDULE OF COVERAGES
\$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.
\$25,000 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.
\$5,000 Accident Insurance. Accidental Death and Dismemberment, (Excess basis) Accident Medical Expense. AD&D Aggregate Limit \$50,000 and while on the Event premises.
Coverage is subject to underwriting review. Ineligible Risks: Alcoholic beverages, 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, Time Share Sales, Tobacco Products, Licensed or Unlicensed Motorized Vehicles, Watercraft exhibits in water. 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.

I hereby appoint Canfinse 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:
Please Print Your Name:
Please Print Your Name:

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.

III - PAYMENT TERMS AND CONDITIONS - * higher property limits available upon request

Please Select
Liability Only - *** NEW ***
Liability + Property \$25,000*
Preferred Rate Payment received at least 14 days before the opening day of show Premium \$50 + Fee \$108 + RST = \$162 Premium \$75 + Fee\$118.00 + RST = \$199
Regular Rate Payment received 13 days or less before the opening day of show Premium \$50 + Fee \$121+ RST = \$175 Premium \$75 + Fee\$134.00 + RST = \$215
RST Number 6627-1843TOTAL \$ \$

Payment type:
If mailing a cheque, please remit payment to:
Canfinse Group Inc.
434 North Rivermede Road
Unit 3, Concord, ON
L4K 3M9
Tel: 905-695-2971
Fax: 905-760-2260
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.