

# Certificate of Insurance Requirements

seasons  
CHRISTMAS SHOW

crafted by MAKEful

NOVEMBER 22-24, 2019  
THE INTERNATIONAL CENTRE, MISSISSAUGA

**Due Date: October 11, 2019**

As an exhibitor participating in the shows, you **MUST** carry adequate liability insurance to protect your fellow exhibitors, the attending public, the show producer, and yourself. A Certificate of Insurance (COI) must be submitted by the deadline. If we do not have the proper insurance, your participation in the show may be affected for this year and future years. Below are the options for insurance.

## OPTION 1: USE YOUR OWN INSURANCE COMPANY

Contact your own insurance company; request a 'Certificate of Insurance' with the following requirements:

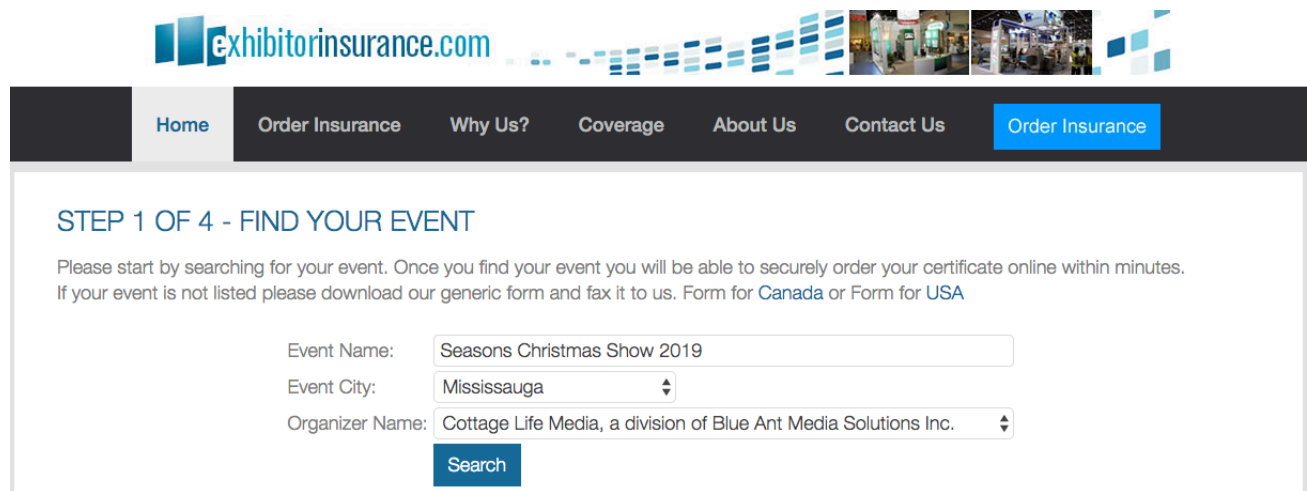
- **BLUE ANT MEDIA SOLUTIONS INC** must be listed as an 'Additional Insured' on your certificate (130 Merton St., Suite 200, Toronto ON, M4S 1A4)
- Certificate must be valid for all of the days of the show, including move-in and move-out
- Comprehensive General Liability of \$2,000,000
- Bodily-Injury and Property-Damage Liability subject to a maximum of \$1,000 deductible
- Products and completed operations liability
- Contingent employers liability
- Broad form property damage
- Cross liability clause
- Severability of interest clause

\*You must upload your certificate [HERE](#) where it will be reviewed by Brokers Trust Insurance Group Inc. to ensure it meets all requirements (see upload parameters in exhibitorinsurance.com image below).

## OPTION 2: SINGLE EVENT INSURANCE

Cottage Life Media has appointed ExhibitorInsurance.com as the recommended insurance contractor for exhibitors. Choose A or B to purchase single event insurance.

A) **SAVE** by ordering directly online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com) and click 'Order Insurance' under the following parameters:



The screenshot shows the website interface for exhibitorinsurance.com. At the top, there is a navigation bar with links for Home, Order Insurance, Why Us?, Coverage, About Us, Contact Us, and a highlighted Order Insurance button. Below the navigation bar, the main content area is titled "STEP 1 OF 4 - FIND YOUR EVENT". It includes a brief instruction: "Please start by searching for your event. Once you find your event you will be able to securely order your certificate online within minutes. If your event is not listed please download our generic form and fax it to us. Form for Canada or Form for USA". The search form contains three input fields: "Event Name:" with the text "Seasons Christmas Show 2019", "Event City:" with a dropdown menu showing "Mississauga", and "Organizer Name:" with a dropdown menu showing "Cottage Life Media, a division of Blue Ant Media Solutions Inc.". A blue "Search" button is located below the form fields.

B) Use the application form (attached) and remit via email to [info@exhibitorinsurance.com](mailto:info@exhibitorinsurance.com) or by fax to 1-866-296-4199.

For any inquiries, please contact [info@exhibitorinsurance.com](mailto:info@exhibitorinsurance.com) or [admin@seasonsshow.com](mailto:admin@seasonsshow.com)

# EXHIBITOR INSURANCE APPLICATION, CANADA

<b>APPLICANT INFORMATION</b>		Phone: _____	Fax: _____
Name of Business: _____			
Mailing address: _____		City _____	Province/State _____ Postal Zip Code _____ Country _____
<b>REQUIRED - Email address :</b> _____			
Describe products/services to be sold/displayed at event: _____			
<b>EVENT INFORMATION</b>			
Name of Event Organizer (to be shown on certificate of insurance): _____		Event Name: _____	
Address Of Event Organizer: _____		Event Address: _____	
City _____	Province/State _____	Postal/Zip Code _____	City _____ Province/State _____ Postal/Zip Code _____
Additional Insured: _____			Booth Number: _____
<b>EVENT DATES</b> (Including Move In and Move Out):	<b>FROM</b>	DD / MM / YYYY	<b>TO</b> DD / MM / YYYY
<b>SCHEDULE OF COVERAGES</b> <span style="float:right">* Higher limits available</span>			
<b>\$2,000,000 Liability Limits:</b> General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$250,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.			
<b>\$25,000 Inland Marine</b> 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.			
<b>Coverage is subject to underwriting review. Ineligible Risks:</b> 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. <b>Note: There is no Liability coverage for Vehicles in Motion. Property excluded:</b> 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.			
<b>Please Print Your Name:</b> _____	<b>Signature:</b> _____	DD	MM / YYYY
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. <b>Premium and fee are minimum, retained and fully earned.</b> 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.			
<b>PAYMENT INFORMATION: BUY ONLINE, www.ExhibitorInsurance.com, rates starting from \$159</b>			
<b>Please Select One</b> In CAN Funds ▶	<input type="checkbox"/> Liability Only		<input type="checkbox"/> Liability + Property <b>\$25,000*</b>
	Premium \$46 + Fee \$125.32 + RST = <b>\$175</b>		Premium \$71 + Fee \$133.32 + RST = <b>\$210</b>
<b>Payment type:</b>	  	Card# _____	<b>Expiry Date &amp; CVV</b>
If mailing a cheque, please remit payment to:	(The payment due on the <b>Credit Card statement</b> will be in the name of <a href="http://www.ExhibitorInsurance.com">www.ExhibitorInsurance.com</a> )		<b>PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE &amp; CVV at 905-695-2971 or 1-866-836-9066</b>
<b>Brokers Trust Insurance Group Inc.</b> 2780 Hwy 7, Unit 103. Concord, ON L4K 3R9 Phone: 905-695-2971 Fax: 905-760-2260	<b>Card Holder's Name:</b> _____	Fill in your <b>credit card billing address</b> if it is different from mailing address above, to process your payment: _____	
<b>Date:</b> _____	<b>Cardholder Signature</b> _____	<i>I agree to pay above total according to my card issuer agreement.</i>	

# CERTIFICATE OF INSURANCE (COI)

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>INSURED'S FULL NAME AND MAILING ADDRESS</b>	<b>BROKER'S FULL NAME AND MAILING ADDRESS</b>
<b>BROKER'S CLIENT ID:</b>	<b>POSTAL CODE</b>

## COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)																
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENNANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION		2019/11/19	2020/11/18	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>TENNANTS LEGAL LIABILITY</td><td style="text-align: right;">\$ 250,000. CDN</td></tr> <tr><td>MED EXP (Any one person)</td><td></td></tr> <tr><td>NON-OWNED AUTO</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>OPTIONAL POLLUTION LIABILITY EXTENSION</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$2,000,000. CDN	GENERAL AGGREGATE	\$2,000,000. CDN	PRODUCTS-COMP/OP AGG	\$2,000,000. CDN	PERSONAL INJURY	\$2,000,000. CDN	TENNANTS LEGAL LIABILITY	\$ 250,000. CDN	MED EXP (Any one person)		NON-OWNED AUTO	\$2,000,000. CDN	OPTIONAL POLLUTION LIABILITY EXTENSION	\$
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<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$								
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<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify) _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td></td></tr> <tr><td>AGGREGATE</td><td></td></tr> </table>	EACH OCCURRENCE		AGGREGATE													
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<b>ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> Blue Ant Media Solutions Inc. 130 Merton St., Suite 200 Toronto, ON M4S 1A4	<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> Blue Ant Media Solutions Inc. is included as an additional insured but only with respect to liability arising out of the operation of the Named Insured, and as Loss Payee but only as their interest may appear.
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<b>CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>	<b>CANCELLATION</b> Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
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SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME INCLUDING POSITION HELD
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FAX NUMBER	EMAIL ADDRESS	COMPANY	DATE
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