

APPLICANT INFORMATION		Phone: _____	Fax: _____
Name of Business: _____			
Mailing address: _____	City _____	Province/State _____	Postal Zip Code _____ Country _____
REQUIRED - Email address : _____			
Describe products/services to be sold/displayed at event: _____			

EVENT INFORMATION	
Name of Event Organizer (to be shown on certificate of insurance): Cottage Life Media, a division of Blue Ant Media Solutions Inc.	Event Name: Seasons Christmas Show 2019 - Makeful Market
Address Of Event Organizer: 130 Merton Street Suite 200	Event Address: The International Centre, Hall 5; 6900 Airport Rd
City _____ Province/State _____ Postal/Zip Code _____ Toronto ON M4S1A4	City _____ Province/State _____ Postal/Zip Code _____ Mississauga ON L4V1E8
Additional Insured: _____	Booth Number: _____

EVENT DATES (Including Move In and Move Out):	FROM	DD / MM / YYYY 20 / 11 / 2019	TO	DD / MM / YYYY 25 / 11 / 2019
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SCHEDULE OF COVERAGES	* Higher limits available
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\$2,000,000 Liability Limits: 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.

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. A copy of the certificate is available to your Show Organizer upon their request.

PAYMENT INFORMATION:	BUY ONLINE, www.ExhibitorInsurance.com, rates starting from \$159
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Please Select One In CAN Funds ▶	<input type="checkbox"/> Liability Only	
	Premium \$46 + Fee \$45.67 + RST = \$99.00	

Payment type: If mailing a cheque, please remit payment to:	 Card# _____ (The payment due on the Credit Card statement will be in the name of www.ExhibitorInsurance.com)	Expiry Date & CVV PLEASE CONTACT US BY PHONE TO PROVIDE EXP DATE & CVV at 905-695-2971 or 1-866-836-9066
Brokers Trust Insurance Group Inc. 2780 Hwy 7, Unit 103. Concord, ON L4K 3R9 Phone: 905-695-2971 Fax: 905-760-2260	Card Holder's Name: _____ 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.		