

***IMPORTANT- Please take care of immediately!***

***RE: CERTIFICATE OF LIABILITY INSURANCE***

*As you may know, as an exhibitor participating in a show, you must have adequate Liability Insurance with a **minimum \$2,000,000** limit to protect the Exhibitors, the attending public, the show organizer and yourself.*

**Our insurance policy does not extend coverage to any exhibits and requires you to submit a Certificate of Insurance upon receipt of the exhibitor's manual.**

There are (2) ways to arrange the required Insurance:

**OPTION #1: SINGLE EVENT INSURANCE**

**SHIELD ASSOCIATES LTD** has appointed Canfinse Group Inc. as the recommended Insurance contractor for exhibitors. Order directly online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com) and scroll to **CMX-CIPHEX 2012**

**OPTION #2: YOUR OWN INSURANCE**

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- **SHIELD ASSOCIATES LTD** listed as an additional insured.
- Dates of the show: **MARCH 22-24, 2011**
- Comprehensive General Liability of \$2,000,000
- Bodily Injury and Property Damage Liability subject to a maximum \$1,000 Deductible.
- Products and Completed Operations Liability
- Contingent Employers Liability
- Broad form Property Damage
- Cross Liability clause
- Severability of Interest Clause

*Your understanding and compliance with this requirement, is greatly appreciated and we thank you for your effort in ensuring the well being of everyone. Have a prosperous and safe show.*

<b>I - Exhibitor Company Name:</b>				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):							

<b>II - Show Organizer (Complete legal Name(s) to be added on certificate as additional insured):</b>							
<b>SHIELD ASSOCIATES LTD.</b>							
Address:		Unit/Ste	City	Province	Postal Code		
25 BRADGATE ROAD			TORONTO	ON	M	3	B - 1 J 6
<b>Event Name: CMX-CIPHEX 2012</b>		Unit/Ste	City	Province	Booth#:		
Address: METRO TORONTO CONVENTION CENTRE,			TORONTO	ON			
<b>Event Dates:</b>		FROM	dd	mm	yyyy	TO	dd mm yyyy
			22	03	2012		24 03 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.

<b>Please Print Your Name:</b>	<b>Please Print Your Name:</b>	<b>Please Print Your Name:</b>

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.

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

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

mm	yy
<input type="text"/>	<input type="text"/>

Payment type:

     Card# \_\_\_\_\_ Expiry Date \_\_\_\_\_

**If mailing a cheque, please remit payment to:**

*(The payment due on the Credit Card statement will be in the name of [www.ExhibitorInsurance.com](http://www.ExhibitorInsurance.com))*

**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:

**Canfinse Group Inc.**  
434 North Rivermede Road  
Unit 3, Concord, ON  
L4K 3M9

*Cheque*  *Money Order (Please make **Cheque** or **Money Order** payable to **Canfinse Group Inc.**)*

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cardholder Signature** \_\_\_\_\_

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

Tel: 905-695-2971  
Fax: 905-760-2260