

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

Diversified Business Communications-Canada has appointed Canfinse Group Inc. as the recommended Insurance contractor for exhibitors. Order directly online at www.exhibitorinsurance.com and scroll to **PRIMARY CARE TODAY 2012**

OPTION #2: YOUR OWN INSURANCE

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- Diversified Business Communications-Canada listed as an additional insured.
- Dates of the show: **May 9-12, 2012**(includes move in and out dates)
- 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.



I - Exhibitor Company Name:				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):							

II - Show Organizer (Complete legal Name(s) to be added on certificate as additional insured):

Diversified Business Communications-Canada

Address: 110 Cochrane Drive		Unit/Ste 1	City Markham	Province ON	Postal Code L 3 R - 9 S 1		
Event Name: PRIMARY CARE TODAY 2012		Unit/Ste	City	Province	Booth#:		
Address: International Centre , Hall 5			Mississauga	ON			
Event Date (Includes Move In and Move Out):		FROM	dd	mm	yyyy	TO	dd mm yyyy
			09	05	2012		12 05 2012

SCHEDULE OF COVERAGES

\$25,000 Property of Every Description (At the designated booth space) – Broad Form. **\$25,000 In Transit Coverage** (3 days before and after the show) Subject to \$1,000 Deductible and a 90% Co-Insurance. Higher limits available for an additional premium. **Optional Coverage** – applies only if purchased. Higher limits available – contact us for pricing.

\$2,000,000 Comprehensive General Liability – Bodily injury and Property Damage Liability, Subject to \$1,000 BI, PD and Expenses Deductible. Products and Completed Operations Liability (\$2,000,000 aggregate limit), Employees as additional insureds, Volunteers as additional insureds, Owners, Managers or Lessors of Premises as additional Insured. **\$250,000** Tenants Legal Liability – Broad Form. Higher limits available – contact us for pricing.

- Coverage is subject to underwriting review. Limited coverages available for non qualifying risks. Asbestos Exclusion, Mold Fungi Exclusion, Data, War, Nuclear, Property flood and earthquake exclusion. Coverage limited to Event Premises. Territory Restriction – Canada Only. Suits brought in Canada Only.

Ineligible Risks: Children's Toys, Chemicals, Fertilizers, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Firearms, Pesticides, Fireworks, Computers, Alcoholic beverages, Games, Licensed or Unlicensed Motorized Vehicles- including but not limited to: Motorcycles, Watercrafts, All terrain Vehicles, and Tractors. 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 valued at \$5,000 per item or greater. **Insurer: Various Insurers through Canfinse Group Inc.**

Note: I hereby appoint Canfinse Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. 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 Owner's Name (if Sole Proprietorship):	Signature:	dd	mm	yy
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Note: 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. Note: 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. 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 ▶		<input type="checkbox"/> Liability Only - *** NEW ***	<input type="checkbox"/> Liability + Property \$25,000*
<input type="checkbox"/> Preferred Rate	Payment received <i>at least 14 days before the opening day of show</i>	Premium \$50 + Fee \$108 + RST = \$162	Premium \$75 + Fee\$118 + RST = \$199
<input type="checkbox"/> Regular Rate	Payment received <i>13 days or less before the opening day of show</i>	Premium \$50 + Fee \$121 + RST = \$175	Premium \$75 + Fee\$134 + RST = \$215
***All Quebec Residents are subject to an additional \$20 sub broker fee		TOTAL ▶	\$

Payment type:

If mailing a cheque, please remit payment to:

Card# _____ Expiry Date /

(The payment due on the Credit Card statement will be in the name of 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 Rd.,
Concord, ON
L4K 3M9
Suite 3
Tel: 905-695-2971
Fax: 905-760-2260

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.