



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):
METROLAND MEDIA GROUP INC.

Address: 447 Speers Road		Unit/Ste 4	City OAKVILLE	Province ON	Postal Code L 6 K - 3 S 7		
Event Name: WINE & CHEESE SHOW 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
			15	MAR	2012		18 MAR 2012

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.

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:	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.

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

▼ Please Select ►	Liability Only - *** NEW ***	Liability + Property \$25,000*
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\$118.00 + RST = \$199
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\$134.00 + RST = \$215
RST Number 6627-1843TOTAL ►	\$	\$

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:

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.

Canfinse Group Inc.
434 North Rivermede Road
Unit 3, Concord, ON
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Fax: 905-760-2260