

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 5,000,000** 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




SOCIETY OF MANUFACTURING ENGINEERS has appointed **exhibitorinsurance.com** as the recommended Insurance contractor for exhibitors. Order directly online at www.exhibitorinsurance.com and scroll to **MMTS/STFM 2014**

OPTION #2: YOUR OWN INSURANCE

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- **SOCIETY OF MANUFACTURING ENGINEERS** listed as an additional insured.
- Dates of the show: **May 7-16, 2014** (includes move in and out dates)
Event name: **MMTS/STFM 2014**
Comprehensive General Liability of **\$5,000,000**
- 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
- Personal Injury Liability
- Blanket Contractual Liability

*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.*

EXHIBITOR INSURANCE APPLICATION, CANADA

APPLICATION INFORMATION		Applicant Phone:		Applicant Fax:	
Name of Business:					
Mailing address:		City		Province/State	
Postal Zip Code					
Email address - REQUIRED TO RECEIVE INVOICE AND CERTIFICATE OF INSURANCE:					
Describe in detail all products/services to be sold/offered by you at event:					
EVENT INFORMATION					
Name of Event Organizer (to be shown on certificate of insurance): Society of Manufacturing Engineers			Event Name: MMTS/STFM 2014		
Address Of Event Organizer: 7100 Woodbine Ave. Suite 312			Event Address: Place Bonaventure, 800 Gauchetiere St West		
City Markham	Province/State ON	Postal/Zip Code L3R 5J2	City Montreal	Province/State QC	Postal/Zip Code H5A 1K6
EVENT DATES (Including Move In and Move Out):		FROM	dd mm yyyy 7 May 2014	TO	dd mm yyyy 16 May 2014
SCHEDULE OF COVERAGES					
\$5,000,000 Liability Limits: General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations(\$2,000,000 aggregate limit) Personal and Advertising Injury(2,000,000 aggregate limit) 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. 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
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:		In CAN Funds * Higher limits available for an additional premium			
▼ Please Select ►		<input type="checkbox"/> Liability Only		<input type="checkbox"/> Liability + Property \$25,000*	
<input type="checkbox"/> Preferred Rate	Payment received at least 14 days before show	Premium \$69 + Fee \$104.48 + RST = \$179		Premium \$94 + Fee \$108.48 + RST = \$210	
<input type="checkbox"/> Regular Rate	Payment received 13 days or less before show	Premium \$69+ Fee \$124.48 + RST = \$199		Premium \$94 + Fee \$123.48 + RST = \$225	
TOTAL ►		\$CAN		\$CAN	
Payment type: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  Card# _____ Expiry Date mm yy <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>					
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)					
Brokers Trust Insurance Group Inc. 434 North Rivermede Rd. Suite 3, Concord, ON L4K 3M9 Phone: 905-695-2971 Fax: 905-760-2260					
Name of the Credit Card Holder: _____					
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.					