

## Evidence of Insurance for Exhibitors with Commercial General Liability Insurance

<b>Exhibitor/Named Insured:</b>
<b>Address of Named Insured:</b>
<b>Contact Name/Position:</b>
<b>E-mail Address:</b>

<b>Certificate Holder(s):</b>	<ul style="list-style-type: none"> <li>• <b>ICM 2017</b> 1444 Alberni Street – Suite 200, Vancouver, BC, Canada V6G 2Z4</li> <li>• <b>Metro Toronto Convention Centre</b> 222 Bremner Blvd, Toronto, ON, Canada M5V 3L9</li> <li>• <b>MCI Group Canada Inc.</b> 1444 Alberni Street – Suite 200, Vancouver, BC, Canada V6G 2Z4</li> </ul>
<b>Exhibit Description:</b> Describe the nature of the exhibit (i.e., products/services being exhibited)	
<b>Exhibiting Date(s):</b>	June 18-22, 2017
<b>Reason for Request:</b>	Proof of Commercial General Liability insurance for exhibit at the 31st ICM Triennial Congress (ICM 2017)
<b>Event Location:</b>	Metro Toronto Convention Centre (222 Bremner Blvd, Toronto, ON)
<b>Insurance Requirements:</b> (\$5,000,000 per occurrence is the minimum limit of insurance accepted by the venue)	<p><b>Commercial General Liability Insurance</b></p> <p>Limit of liability, per occurrence: \$_____</p> <p>Insurance Company:_____</p> <p>Policy Number:_____</p> <p>Insurance Broker/Agent:_____</p> <p>Policy Effective Date:_____ Policy Expiry Date:_____</p>
<b>Additional Insureds:</b>	<p><b>Certificate Holders to be added as Additional Insureds to Commercial General Liability policy of Named Insured but only with respect to liability arising out of the Operations of the Named Insured during the 31st ICM Triennial Congress (ICM 2017)</b></p> <p><input type="checkbox"/> - YES      <input type="checkbox"/> - NO</p>

Signature of Authorized Representative of Insurance Company

Date