

2009 Can-Am Equine Emporium

LIABILITY INSURANCE DECLARATION OF COVERAGE FORM

Return this form to Show Management OR:

INTERCITY INSURANCE SERVICES INC.
15221 YONGE STREET, AURORA, ONTARIO L4G 1L8
PHONE: (905) 841-8200
FAX: (905) 841-0030

Exhibitors **MUST** provide proof of **CURRENT AND IN FORCE COMPREHENSIVE GENERAL LIABILITY INSURANCE** coverage prior to participation in the **2009 Can-Am Equine Emporium**.

Please complete and return whether you have Comprehensive General Liability Insurance Coverage **-OR-** require coverage for the event.

Please Check ONE:

_____ **YES, WE DECLARE AND CONFIRM** that COMPREHENSIVE GENERAL LIABILITY INSURANCE is in force, with a (**minimum**) combined limit for bodily injury and property damage of **\$2,000,000 per occurrence** that will respond on my/our behalf for all activities at the show.

We further DECLARE that our insurance policy names Can-Am Equine Marketing Inc. as an Additional Insured with severability of interest and cross liability clauses.

INSURING COMPANY (not broker): _____
Policy No: _____ Limit of coverage _____
Expiry Date of policy _____

Exhibitor Company Name: _____ Booth Number: _____
Contact: _____
Telephone: _____ Fax: _____
Address: _____

Authorized Signature: _____

-OR-

_____ **NO**, we currently do not have appropriate insurance coverage for our activities at the show and will require COMPREHENSIVE GENERAL LIABILITY INSURANCE.

NOTE: Intercity Insurance Services Inc. is the official insurance Contractor for the show.

To obtain coverage from Intercity Insurance Services, fill in the accompanying application (on reverse) and return to Intercity via fax or regular mail with payment. On receipt, Intercity Insurance Services Inc. will provide insurance documents to you and advise show management of your compliance with this regulation.



INTERCITY® INSURANCE SERVICES INC.

15221 Yonge Street, Aurora, Ontario L4G 1M6

Phone: (905) 841-8200 Fax: (905) 841-0030

Website: <http://www.intercityinsurance.com> e-mail: mking@aci.on.ca

**Insurance Application
For Trade / Commercial Show Exhibitors**

Exhibitor Name _____

Address _____

City _____ Province _____ Postal Code _____

Contact: _____

Telephone() _____ Fax () _____

Name of Show: **2009 Can-Am Equine Emporium**
Western Fair Grounds, London, ON

Show Dates March 20, 2009 to March 22, 2009

Policy Term March 19, 2009 at 12:01am until March 23, 2009 at 12:01a.m. **(move in - move out)**

BOOTH NUMBER / HALL ASSIGNED _____

How long have you been in this business? _____

Description of items/services to be exhibited or purpose for which the space is being rented

Have you ever had an insurance claim associated with this activity or your business? _____

Show Rates:			\$2,000,000 Commercial General Liability Insurance coverage
Non-Food Exhibitor Premium	\$120.00 plus PST 8% =	TOTAL OF	\$129.60
	OR		
Food Exhibitor Premium	\$155.00 plus PST 8% =	TOTAL OF	\$167.40
Total Amount Due -		TOTAL \$	

Insurance will only be placed upon receipt and acceptance of application and payment

Signature of applicant: _____

Credit Card - I hereby authorize Intercity Insurance Services Inc. to charge my credit card the above amount
Please Note - We accept VISA , MasterCard or American Express

NAME ON CARD _____

Credit Card Number _____ Expiry Date _____