

Certificate of Insurance (COI) Requirements

MANDATORY FOR ALL EXHIBITORS



March 31–April 2, 2017
The International Centre, Toronto

DUE DATE: FEBRUARY 24, 2017

As an exhibitor participating in the show, you **MUST** carry adequate liability insurance for the safety and security of other exhibitors, the attending public, the show producer, and yourself.

Option 1: Use your own insurance company

- **Additional Insured: Cottage Life Media, a division of Blue Ant Media Solutions Inc.**
130 Merton Street, Suite 200, Toronto ON, M4S 1A4
- The **EXPIRY DATE of the policy** is listed
(*must cover move-in and move-out dates: March 29, – April 3, 2017)
- Your **COMPANY NAME** (as listed on your contract)
- A **MINIMUM** Commercial General Liability of **\$2,000,000** covering:
 - Bodily-Injury and Property-Damage Liability
 - Subject to \$1,000 Bodily-Injury and Property-Damage Deductible; inclusive each occurrence
 - Blanket Contractual Liability
 - Employees as Additional Insured
 - Contingent Employers Liability
 - Broad-Form Property Damage
 - Personal Injury Liability
 - Cross Liability/Severability of Interest Clause
 - Non-Owned Automobile
 - Products and Completed Operations Liability

A sample certificate, containing our legal name and the dates of the event, is included in this package should you wish to forward it to your broker.

Option 2: **ExhibitorInsurance.com** (administered by Brokers Trust Insurance Group)




Cottage Life has appointed **ExhibitorInsurance.com** as the official insurance provider for the Spring Cottage Life Show. Their exhibitor program satisfies all of our minimum insurance requirements. ***Their application is included with this letter or can be ordered online at www.ExhibitorInsurance.com.***

[PLEASE SEND YOUR PROOF OF INSURANCE TO BOTH COTTAGE LIFE AND EXHIBITOR INSURANCE.com](#)

All of the administration of options 1 or 2 **must** be sent for review to:

ExhibitorInsurance.com
2780 Hwy 7., Unit 103
Concord ON L4K 3R9
Tel: 905-695-2971
Fax: 905-760-2260 or 1-866-296-4199
Email: info@exhibitorinsurance.com; jcanata@cottagelife.com
RE: SPRING COTTAGE LIFE 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): _____			Event Name: _____		
Address Of Event Organizer: _____			Event Location and Address: _____		
City _____		Province/State _____	Postal/Zip Code _____	City _____	
EVENT DATES (Including Move In and Move Out):		FROM	dd mm yyyy	TO	dd mm yyyy
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 - \$250,000. 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: Food & Beverages, Alcohol, 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, Skin Care Products/Cosmetics, 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*	
Preferred Rate		Premium \$46 + Fee \$89.32 + RST= \$139		Premium \$71 + Fee \$82.32 + RST = \$159	
TOTAL ►		\$CAN		\$CAN	
Payment type:		<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 		Exp Date: _____ mm/yy	
If mailing a cheque, please remit payment to:		Card# _____		CCV #: _____ 3 digit	
(The payment due on the Credit Card statement will be in the name of www.ExhibitorInsurance.com)					
Brokers Trust Insurance Group Inc.		Name of the Credit Card Holder: _____			
2780 Hwy 7, Unit 103. Concord, ON L4K 3R9 Phone: 905-695-2971 Fax: 905-760-2260		Fill in your credit card billing address if it is different from mailing address above, to process your payment:			
		Date: ____/____/____ Cardholder Signature _____			
<i>I agree to pay above total according to my card issuer agreement.</i>					

CERTIFICATE OF INSURANCE (COI)

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
BROKER'S CLIENT ID:	
<small>POSTAL CODE</small>	

COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)																
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENNANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION		2017/03/29	2018/03/28	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>TENNANTS LEGAL LIABILITY</td><td style="text-align: right;">\$ 250,000. CDN</td></tr> <tr><td>MED EXP (Any one person)</td><td></td></tr> <tr><td>NON-OWNED AUTO</td><td style="text-align: right;">\$2,000,000. CDN</td></tr> <tr><td>OPTIONAL POLLUTION LIABILITY EXTENSION</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$2,000,000. CDN	GENERAL AGGREGATE	\$2,000,000. CDN	PRODUCTS-COMP/OP AGG	\$2,000,000. CDN	PERSONAL INJURY	\$2,000,000. CDN	TENNANTS LEGAL LIABILITY	\$ 250,000. CDN	MED EXP (Any one person)		NON-OWNED AUTO	\$2,000,000. CDN	OPTIONAL POLLUTION LIABILITY EXTENSION	\$
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AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <small>** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$								
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ADDITIONAL INSURED NAME AND MAILING ADDRESS	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
Cottage Life Media, a division of Blue Ant Media Solutions Inc. 130 Merton Street, Suite 200 Toronto, ON M4S 1A4	Cottage Life Media, a division of Blue Ant Media Solutions Inc. is included as an additional insured but only with respect to liability arising out of the operation of the Named Insured, and as Loss Payee but only as their interest may appear.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	CANCELLATION
	Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME INCLUDING POSITION HELD
FAX NUMBER	EMAIL ADDRESS
COMPANY	DATE