

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 2,000,000** 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

Baking Association of Canada has appointed Canfinse Group Inc. as the recommended Insurance contractor for exhibitors. Order directly online at www.exhibitorinsurance.com and scroll to **Congres 2011 Congress**

OPTION #2: YOUR OWN INSURANCE

- Contact your own Insurance Company, request a certificate of Insurance with the following requirements below:
- **Baking Association of Canada** listed as an additional insured.
- Dates of the show: April 29-May 3, 2011 (includes move in and out dates)
- Event name: Congress 2011
- Comprehensive General Liability of \$2,000,000
- 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.



CANFINSE GROUP INC.

www.canfinse.com

EXHIBITORS INSURANCE APPLICATION

ORDER ONLINE IN LESS THAN 2 MINUTES: www.exhibitorinsurance.com

I - Exhibitor Company Name:
Type of Business:
Mailing address:
Tel:
Fax:
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):
BAKING ASSOCIATION OF CANADA
Address: 7895 TRANMERE DR.
Unit/Ste: 202
City: MISSISSAUGA
Province: ON
Postal Code: L5S-1V9
Event Name: CONGRESS 2011
Address: PLACE FORZANI, 4855, rue Louis-B-Mayer
Unit/Ste:
City: LAVAL
Province: QC
Booth#:
Event Date (Includes Move In and Move Out): FROM 29 APRIL 2011 TO 3 MAY 2011

SCHEDULE OF COVERAGES
\$25,000 Property of Every Description (At the designated booth space) - Broad Form. \$25,000 In Transit Coverage (3 days before and after the show) Subject to \$1,000 Deductible and a 90% Co-Insurance. Higher limits available for an additional premium.
Vendor/Exhibitor Extra Expenses - \$5,000 limit Coverage up to purchase replacement items, and/or last-minute printing, due to event giveaways, brochures, audio visual equipment, or display structure(s) having been lost in transit, or damaged and therefore unusable, through no fault of the insured and reasons beyond their control, for any duration of the event. See wording for full coverage details.
\$2,000,000 Comprehensive General Liability - Bodily injury and Property Damage Liability, Subject to \$1,000 BI, PD and Expenses Deductible. Products and Completed Operations Liability (\$2,000,000 aggregate limit), Personal & Advertising Injury (\$2,000,000 aggregate limit), Employees as additional insureds, Volunteers as additional insureds, Owners, Managers or Lessors of Premises as additional Insured. \$250,000 Tenants Legal Liability - Broad Form
- Coverage is subject to underwriting review. Limited coverages available for non qualifying risks. Asbestos Exclusion, Mold Fungi Exclusion, Data, War, Nuclear, Property flood and earthquake exclusion. Coverage limited to Event Premises. Territory Restriction - Canada Only. Suits brought in Canada Only.
Ineligible Risks: Children's Toys, Chemicals, Fertilizers, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Firearms, Pesticides, Fireworks, Computers, Alcoholic beverages, Games, Licensed or Unlicensed Motorized Vehicles- including but not limited to: Motorcycles, Watercrafts, All terrain Vehicles, and Tractors. 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 valued at \$5,000 per item or greater. Insurer: Various Insurers through Canfinse Group Inc.
Note: I hereby appoint Canfinse Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. 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 Owner's Name (if Sole Proprietorship): Signature: dd mm yy
Note: 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. Note: 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. 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 at least 14 days before the opening day of show Premium \$50 + Fee \$108 + PST = \$162 Premium \$75 + Fee\$118 + PST = \$199
[] Regular Rate Payment received 13 days or less before the opening day of show Premium \$50 + Fee \$121 + PST = \$175 Premium \$75 + Fee\$134 + PST = \$215
TOTAL \$ \$

Payment type:
If mailing a cheque, please remit payment to:
Canfinse Group Inc.
5000 Dufferin St, Ste 215, Toronto, ON M3H 5T5
Tel: 416-667-9177, Fax: 1-866-591-5613
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.