

CERTIFICATE OF LIABILITY INSURANCE

IMMEDIATE ATTENTION REQUIRED REGARDING YOUR CERTIFICATE OF INSURANCE

All companies exhibiting in Landscape Ontario's Congress are required to submit a Certificate of Insurance. The purpose for obtaining these certificates is to provide show management and our insurer with the information necessary to evaluate our risk potential.

To protect yourself, other exhibitors, visitors and show organizers, you must have adequate Liability Insurance with a <u>minimum \$2,000,000</u> limit. The insurance company you use should be allowed to do business in Ontario, Canada and should be rated at least "A" by A.M. Best, Inc.

Please note the Certificate of Insurance must have Landscape Ontario Horticultural Trades Association, and the Toronto Congress Centre listed as additional insured. It should provide for a 30-day notice to us in the event of policy cancellation, non-renewal or material change. If you have questions regarding this matter feel to contact us at 1-800-265-5656 ext. 354.

Our insurance policy does not extend coverage to any exhibits and requires you to submit a Certificate of Insurance no later than 30 days prior to the opening of Congress and no later than November 30, 2022.

There are two (2) ways to arrange the required insurance.

OPTION #1: SINGLE EVENT INSURANCE

Landscape Ontario Horticultural Trades Association, producer of Congress, have appointed Exhibitorinsurance.com as the recommended insurance contractor for exhibitors. Order directly online from our Exhibitor Manual Exhibitorinsurance.com form.

OPTION #2: YOUR OWN INSURANCE COMPANY

You can have your insurance company prepare a Certificate of Insurance which must have the following companies listed as additional insured: Landscape Ontario Horticultural Trades Association, and the Toronto Congress Centre.

- Dates of the show: January 6 13, 2023 (includes move-in and move-out dates)
- Event name: Landscape Ontario's Congress Trade Show & Conference 2023

MINIMUM LIABILITY REQUIREMENTS

- Comprehensive General Liability of \$2,000,000
- · Products and Completed Operations Liability
- Cross Liability Clause
- 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

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.

PLEASE EMAIL YOUR PROOF OF INSURANCE TO:

KERI MACIVOR - SHOWINFO@LOCONGRESS.COM BY NOVEMBER 30, 2022





EXHIBITOR INSURANCE APPLICATION, CANADA

APPLICANT INFORMATION Phone:					Fax:					
Name of Business:										
Mailing address:		City	Province/State Pos		Postal	Zip Code	Countr	у		
REQUIRED - Email address :										
Describe products/services to be sold/displayed at event:										
EVENT INFORMATION										
Name of Event Organizer (to be shown on certificate of insurance):				Event Name:						
Address Of Event Organizer:				Event Address:						
City Pro	vince/State Postal/Zip Code			City	Province/State Postal/Zip Code					
Additional Insured:				Booth Number:						
EVENT DATES (Including Move In and Move Out):			FROM	DD MM	/ YYYY	то	DD /	MM /	YYYY	
SCHEDULE OF COVERAGES * Higher limits available										
\$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: Sig		Signa	nature:		DD		MM	YYY	Y	
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:										
Please Select One In CAN Funds ►		□ Liability Only				□ Liability + Property \$25,000*				
		Premium \$46 + Fee \$125.32 + RST = \$175			/5 F	Premium \$71 + Fee\$133.32 + RST = \$210				
Payment type:	WISA MasterCard AMERICAN EXPRESS	Expiry Date & CVV Card# PLEASE CONTACT US BY								
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)							PHONE TO PROVIDE EXP DATE & CVV at 905-695-2971 or 1-866-836-9066		
Brokers Trust	Card Holder's Name:							830-9000		
Insurance Group Inc. 2780 Hwy 7, Unit 103. Concord, ON L4K 3R9 Fill in your credit card billing address if it is different from mailing address above, to process your payment:										
Phone: 905-695-2971 Fax: 905-760-2260	Phone: 905-695-2971									