

APPLICATION FOR INSURANCE**Exhibitors Insurance Program***Canadian Dairy XPO***Name and Address of Exhibitor**

NAME:

ADDRESS:

FAX:

PHONE:

Term of Insurance:

April 5-6, 2017

Premium:**\$70.00 plus 8% Provincial Sales Tax = \$75.60****COMMERCIAL GENERAL LIABILITY (D-1 RIDER)**

LIMIT OF INSURANCE	\$2,000,000
DEDUCTIBLE (APPLICABLE TO BODILY INJURY AND PROPERTY DAMAGE)	\$ 1,000
NON-OWNED AUTOMOBILE	\$2,000,000
TENANTS LEGAL LIABILITY (covers liability for damage to premises you rent)	\$250,000

SIGNATURE: _____ **DATE:** _____
Print name

Please print, sign and scan and remit Mastercard or Visa only the amount of \$75.60 (p.s.t. included), by March 31, 2017 to:

The Co-operators

Peter Maranger & Associates Inc.

204 Huron Street

Stratford, Ontario

N5A 5S8

Call Marshall Morden 519-272-2667 or email marshall_morden@cooperators.ca

Call or email full credit card number, expiry and 3 digit SIC code on the rear