

**APPLICATION FOR INSURANCE****Exhibitors Insurance Program**

Canadian Dairy XPO

**Name and Address of Exhibitor**

NAME:

ADDRESS:

FAX:

PHONE:

**Term of Insurance:**

April 1-6, 2019

**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

Sign

**Please print, sign and scan and remit Mastercard or Visa only the amount of \$75.60 (p.s.t. included), by March 29, 2019 to:**

The Co-operators

Peter Maranger &amp; Associates Inc.

204 Huron Street

Stratford, Ontario

N5A 5S8

Call Marshall Morden 519-272-2667 or email [marshall\\_morden@cooperators.ca](mailto:marshall_morden@cooperators.ca)

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