

2011 Can-Am Equine Emporium

LIABILITY INSURANCE DECLARATION OF COVERAGE FORM

Return this form to Show Management OR:

**INTERCITY INSURANCE SERVICES INC.
15221 YONGE STREET, AURORA, ONTARIO L4G 1L8
PHONE: (905) 841-8200
FAX: (905) 841-0030**

Exhibitors **MUST** provide proof of **CURRENT AND IN FORCE COMPREHENSIVE GENERAL LIABILITY INSURANCE** coverage prior to participation in the **2011 Can-Am Equine Emporium**.

Please complete and return whether you have Comprehensive General Liability Insurance Coverage **-OR-** require coverage for the event.

Please Check ONE:

_____ **YES, WE DECLARE AND CONFIRM** that COMPREHENSIVE GENERAL LIABILITY INSURANCE is in force, with a **(minimum)** combined limit for bodily injury and property damage of **\$2,000,000 per occurrence** that will respond on my/our behalf for all activities at the show.

We further DECLARE that our insurance policy names Can-Am Equine Marketing Inc. as an Additional Insured with severability of interest and cross liability clauses.

INSURING COMPANY (not broker): _____
Policy No: _____ Limit of coverage _____
Expiry Date of policy _____

Exhibitor Company Name: _____ Booth Number: _____

Contact: _____

Telephone: _____ Fax: _____

Address: _____

Authorized Signature: _____

-OR-

_____ **NO**, we currently do not have appropriate insurance coverage for our activities at the show and will require COMPREHENSIVE GENERAL LIABILITY INSURANCE.

NOTE: Intercity Insurance Services Inc. is the official insurance Contractor for the show.

To obtain coverage from Intercity Insurance Services, fill in the accompanying application (on reverse) and return to Intercity via fax or regular mail with payment. On receipt, Intercity Insurance Services Inc. will provide insurance documents to you and advise show management of your compliance with this regulation.