

Exhibitor Liability Application

DEX Engineering Expo (DEX) Show
DIRECT CLIENT SUBMISSION
Show Website: www.dexexpo.com

2 Norfolk Street South Simcoe, ON N3Y 2V9
T: 1-800-265-8098 F: 519-428-5661
E: srose@palcanada.com
www.palcanada.com



This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.

Name of Insured: _____
Mailing Address: _____
City, Province: _____ Postal Code: _____
Contact Name: _____ Telephone: () _____
Web Site: _____

Description of items for sale or promotion at booth, kiosk or table: _____

Square footage of booth or kiosk: _____

Food and Beverage Vendors! Is food and beverage coverage required: Yes No
Will alcohol be served at booth or kiosk? Yes No
If so, who holds the liquor license: _____
License Number: _____ Are servers trained: Yes No

Name of Location of Event: Design Engineering Expo

- Location 1** : Victoria Inn Hotel & Convention Centre, 1808 Wellington Ave, Winnipeg, MB
Dates 1 : April 6-7, 2015 (includes move in / out)
- Location 2** : Hard Rock Casino Vancouver Theatre, 2080 United Boulevard, Coquitlam, BC
Dates 2 : May 4-5, 2015 (includes move in / out)
- Location 3** : Mississauga Convention Centre, 75 Derry Road West, Mississauga, ON
Dates 3 : May 25-26, 2015 (includes move in / out)

Additional Insured: Annex Publishing & Printing Inc., Victoria Inn Hotel & Convention Centre, Hard Rock Casino Vancouver Theatre, Mississauga Convention Centre

Limit of Liability: \$2,000,000.00 (\$500,000.00 TLL) per occurrence and in the aggregate

PREMIUM: \$70.00 + **PAL FEE:** \$20.00 + **TAX:** N/A = **Total Due:** \$90.00 (BC ONLY, no TAX)
 PREMIUM: \$70.00 + **PAL FEE:** \$20.00 + **TAX:** \$7.20 = **Total Due:** \$97.20 (All 3 Location, Ontario ONLY, or Manitoba ONLY)

VISA OR MASTERCARD: _____ **EXP:** _____ **3 digit CVD code on back:** _____
Name on Card: _____

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

APPLICANT NAME: _____
Address: _____ City: _____ Postal Code: _____
Telephone: () _____ FAX: _____ Email: _____
Signature: _____