

Exhibitor Liability Application

MJBizConINT'L

DIRECT CLIENT SUBMISSION

Show Website: www.mjbizconference.com

2 Norfolk Street South Simcoe, ON N3Y 2V9

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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

No Alcohol Service or Consumption

Event Name: MJBizConINT'L

Name of Location of Event: Metro Toronto Convention Centre

☐ Location : Metro Toronto Convention Centre, 222 Bremner Boulevard, Toronto, ON

Dates : September 3, 4, 5, 6, 2019 (includes move in / out)

Additional Insured: Anne Holland Ventures Inc. dba Marijuana Business Conference & Expo, 3900 S Wadsworth Blvd. Ste 100, Lakewood, CO 80235 and the Metro Toronto 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: \$7.20 = Total Due: \$97.20

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: _____