

Schedule "B"

Ottawa Valley Farm Show 2018

A division of the Ottawa Valley Seed Growers Association

EXHIBITOR INSURANCE REQUIREMENTS

Each exhibitor must provide a Certificate of Insurance showing:

- Event name: Ottawa Valley Farm Show
- Event address: EY Centre, 4899 Uplands Drive, Ottawa, On, K1V 2N6
- Insured name and address (i.e. official/legal name and address of the exhibitor)
- Name of insurer and policy number
- Term of coverage - March 11 to 15, 2018 (must cover move-in/out dates and show dates)
- **OTTAWA VALLEY SEED GROWERS ASSOCIATION** (operating as the Ottawa Valley Farm Show) as an Additional Insured
- 2256240 Ontario Inc. (beneficial operator and owner of the building known as the EY Centre) as an Additional Insured.

Option 1

A 'Certificate' from your own insurance provider (broker, agent or company) indicating you are insured for the following coverage:

Commercial General Liability – minimum limit \$2,000,000

- Bodily Injury and Property Damage
- Products and Completed Operations
- Personal Injury
- Tenants Legal Liability – \$500,000
- Cross liability
- Blanket Contractual Liability
- Non – owned Automobile Liability
- Employees as Additional Insureds
- Contingent Employers Liability

Option 2

Exhibitors may purchase a short term policy from Pal Insurance Brokers Canada Ltd. that will provide insurance, similar to the above, for the duration of the show. To purchase insurance, please complete the application on the following page and submit by fax or email directly to PAL Insurance. A Certificate will be issued and returned to you by email.

PAL Insurance Brokers Canada Ltd.

2 Norfolk St. South, Simcoe, ON, N3Y 2V9

1-800-265-8098 Fax # 519-428-5661 www.palcanada.com

Amanda Taylor (ext.231) ataylor@palcanada.com

Certificate of Insurance (Options 1 or 2) must be received by Ottawa Valley Farm Show management by 'January 10, 2018'. Failure to provide the required Certificate of Insurance by the due date will result in cancellation of the Agreement for space.

Exhibitor Liability Application

Ottawa Valley Farm Show, a division of Ottawa Valley Seed Growers Association
DIRECT CLIENT SUBMISSION

Show Website: www.ottawafarmshow.com

2 Norfolk Street South Simcoe, ON N3Y 2V9

T: 1-800-265-8098 F: 519-428-5661

E: rose@palcanada.com

ataylor@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
No Alcohol Service or Consumption

Event Name: Ottawa Valley Farm Show, a division of Ottawa Valley Seed Growers Association

Name of Location of Event: EY Centre

Location : EY Centre, 4899 Uplands Drive, Ottawa, ON K1V 2N6

Dates : March 11, 12, 13, 14, 15, 2018 (includes move in / out)

Additional Insured: Ottawa Valley Seed Growers Association (operating as the Ottawa Valley Farm Show) & 2256240 Ontario Inc. (beneficial operator and owner of the building known as the EY Centre)

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

Non Self-Propelled Equipment PREMIUM: \$70.00 + PAL FEE: \$20.00 + TAX: \$7.20 = Total Due: \$97.20

Self-Propelled Equipment PREMIUM: \$80.00 + PAL FEE: \$20.00 + TAX: \$8.00 = Total Due: \$108.00

Does your setup involve any self-propelled machinery? Yes

If so, must be operated by qualified personnel

On Static display at all times, other than drive in / out for setup and take down.

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: _____