

## Required Insurance

As an exhibitor participating at **T.O. Food & Drink Show 2026** you must have adequate liability insurance to protect the attending public, the show organizer and yourself. To participate in the event, exhibitors must provide proof of coverage meeting the below requirements.

### Requirements for all

- The policy needs to be in effect from **Apr 16, 2025** through **Apr 19, 2025**
- Comprehensive General Liability to cover bodily injury and property damage to third persons, including Personal & Adv Injury limits, and Products and Completed Operations coverage of not less than **two million dollars (\$2,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.**
- Required Additional Insureds: **National Event Management, Metro Toronto Convention Centre**
- Certificate holder: **National Event Management Inc., 260 Town Centre Blvd, Suite 102, Markham, ON**

## If You Need To Purchase Insurance (Exhibitors ONLY)

For your convenience, exhibitors can purchase Commercial General Liability and Property Insurance from Exhibitorinsurance.com and eliminate the need to provide your own certificate. **FOOD/BEVERAGE EXHIBITORS PLEASE COMPLETE THE FORM ON PAGE 3 AND EMAIL IT TO [INFO@EXHIBITORINSURANCE.COM](mailto:INFO@EXHIBITORINSURANCE.COM) FOR QUOTE**

### Option 1: Liability only policy - \$175

- ✓ This policy meets all the requirements of the event
- ✓ Includes Commercial General Liability coverage for bodily injury and property damage to third parties, with limits of no less than two million dollars (\$2,000,000) per occurrence and two million dollars (\$2,000,000) aggregate
- ✓ Including Personal & Advertising Injury coverage
- ✓ Products and Completed Operations coverage
- ✓ Fire Damage limit of \$300,000 for any one fire

### Option 2: Liability policy w/ \$25,000 property coverage - \$210

- ✓ This policy also meets all the requirements of the event
- ✓ Includes everything from Option 1 with the same excluded classes of business listed on page 2
- ✓ **In Land Marine – (Property Coverage)**
- ✓ Provides coverage for property of every description (broad form) while at the Event Location and in-transit between the insured's business and the event (3 days before / after show). Coverage is provided on an actual cash value basis
- ✓ Limits available: \$25,000
- ✓ Deductible: \$1,000

**Click here**

Excluded Classes of Businesses listed on page 2

to Purchase your exhibitor insurance OR



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The following classes of exhibitors/vendors are excluded from the Policy:

*Alcoholic Beverages, Amusement Devices (e.g. rides, inflatables, trampolines, mechanical bulls, etc.) Athletic Performances & Stunts Body Piercing or Permanent Tattooing on site Cannabis, Chemicals, E-Commerce Selling on Site Fertilizers, Firearms, Fireworks Sales & Displays/Pyrotechnics, Games, Installation service or repair of products on site, Live Animals, Medical Testing, On-Site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals or Nutraceuticals, Time Share Sales, Tobacco Products, Vehicles in Motion, Vendors Preparing Food On-Site using any gas hook ups, deep fryers and/or open flames for cooking/food preparation, Vitamins, Watercraft Exhibits on Water*

Excluded Property:

*EDP (Electronic Data Processing), audio and video equipment, watches, jewellery made of precious and semi-precious stones and/or precious metals, money, bullions, securities, stamps, antiques, furs, and fine arts valued at \$5,000 per item or greater.*

*For a complete list of the coverage and exclusions please request a copy of the policy wordings. Insurance is arranged by Brokers Trust Insurance Group Inc. DBA exhibitorinsurance.com through HCCSU (Lloyd's Coverholder) and underwritten by certain Underwriters at Lloyd's; HCC SPECIALTY UNDERWRITERS, INC. 401 EDGEWATER PLACE, SUITE 400, WAKEFIELD, MA 01880, USA. Insurance is provided in accordance with information shown above subject to all terms and conditions of the policy and all forms and endorsements forming a part thereof.*

## EXHIBITOR LIABILITY APPLICATION – FOOD & BEVERAGE

*This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of 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.*

### CONTACT INFORMATION

|   |  |
|---|--|
| Name of Insured:  |  |
| Full Address:<br>Street Address City, State, Country Postal Code / Zip Code |  |
| Contact Name:   |  |
| E-mail:   |  |
| Telephone:  |  |
| Web Site:   |  |
| Description of items for sale or promotion at booth, kiosk or table:        |  |
| Square footage of booth or kiosk:   |  |

### FOOD & BEVERAGE VENDORS

|  |            |           |
|--|------------|-----------|
| Is food & beverage coverage required?  | <b>Yes</b> | <b>No</b> |
| Provide a detailed description of the food and/or beverage offered:                                |            |           |
| If packaged, name of manufacturer:   |            |           |
| If prepared, please indicate where:  |            |           |
| What type of equipment will be used?   |            |           |
| Will you require any gas hook ups onsite?  | <b>Yes</b> | <b>No</b> |
| Will deep fryer be used onsite?  | <b>Yes</b> | <b>No</b> |
| If <b>yes</b> , what type of fire suppression system will be used?                                 |            |           |
| Do you have a safe food handling certificate, and/or approved inspection by Health & Safety board? | <b>Yes</b> | <b>No</b> |

**ALCOHOL INFORMATION**

|   |            |           |
|---|------------|-----------|
| Will alcohol be served at booth or kiosk? | <b>Yes</b> | <b>No</b> |
| If <b>yes</b> , Name of Permit Holder:    |            |           |
| Liquor Licence Permit Number:             |            |           |
| Are servers trained?                      | <b>Yes</b> | <b>No</b> |

**EVENT INFORMATION**

|   |                    |                    |                    |                    |                    |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|
| Event Name:   |                    |                    |                    |                    |                    |
| Facility Name & Complete Address:<br>Street Address City, State, Country Postal Code / Zip Code |                    |                    |                    |                    |                    |
| Required Additional Insured:  |                    |                    |                    |                    |                    |
| Move IN DATE (MM/DD/YYYY)   | AT 12:01AM         |                    |                    |                    |                    |
| Move OUT DATE (MM/DD/YYYY)  | AT 11:59PM         |                    |                    |                    |                    |
| Limit of Liability Requested:   | <b>\$1 million</b> | <b>\$2 million</b> | <b>\$3 million</b> | <b>\$4 million</b> | <b>\$5 million</b> |

*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 Proposal 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 Proposal Form whether made intentionally, innocently or accidentally. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.*

|                               |  |
|-------------------------------|--|
| Applicant Name (please print) |  |
| Applicant Signature:          |  |

**\*\*PLEASE BE SURE THAT ALL QUESTIONS ARE COMPLETED. IF THE QUESTION DOES NOT APPLY TO THIS EVENT, PLEASE ADVISE BY ANSWERING WITH N/A.**

**\*\*INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY IN QUOTING YOUR EVENT\*\***

**Please return completed and signed to:**

**Exhibitorinsurance.com  
2780 Hwy # 7, Suite 103  
Concord, Ontario L4K 3R9**

**Phone: 905-695-2971  
Toll Free: 1-866-836-9066  
Fax: 1-866-296-4199**

**E-Mail: [info@exhibitorinsurance.com](mailto:info@exhibitorinsurance.com)**