



WINDOOR



RAINPROTECTION.INSURANCE®

WHERE YOUR EVENT GETS INSURED

Rainprotection is an Authorized Official Insurance Supplier for Fenestration Canada.

Exhibitor Liability Insurance Program

As a standard requirement for all our show exhibitors, it is necessary for you to carry general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$2,000,000 aggregate. Insurance Coverage is not optional.

This insurance must be in force during the lease dates of the event, November 11-15, 2025, naming Fenestration Canada (1 Eglinton Ave East Suite 705, Toronto, ON M4P 3A1) as the certificate holder. The following must be named as additional insured: Fenestration Canada and Palais des Congres.

Fenestration Canada has requested that Rainprotection serve as their insurance management company. In addition to being able to provide exhibitors with insurance, we are also collecting and verifying that all insurance certificates, regardless of the insurer, are verified for compliance.

Rainprotection Insurance Program

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance.

Benefits of using this program:

- No Deductible – unlike your corporate policy, Rainprotection's policy has no deductible. Should there be a claim, you will have no out of pocket costs and your future rates will not go up since you would not need to submit a claim on your policy.
- No Hassles – you will not need to go back and forth with your broker adding additional insureds and making your insurance compliant with show requirements
- Coverage for exhibitors who do not have an existing policy
- Coverage for international exhibitors whose insurance will not cover them in the U.S.A.
- Easy and Inexpensive to purchase instantly online
- Already pre-filled with all the proper show information.
- Submitted to show management for you - Once purchased, they automatically receive a copy

Make This Process Simple - Purchase Your Insurance Now and Forget About It

Please complete and return the application on Page 2 to purchase your Liability Insurance for just \$275

After reading the above information, if you still decide to use your own insurance, please make it compliant and then send a copy to: laine@fenestrationcanada.ca



EXHIBITOR INSURANCE APPLICATION, CANADA

APPLICANT INFORMATION	Phone: _____	Fax: _____
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Name of Business: _____

Mailing address: _____ City _____ Province/State _____ Postal Zip Code _____ Country _____

REQUIRED - Email address : _____

Describe products/services to be sold/displayed at event: _____

EVENT INFORMATION

Name of Event Organizer (to be shown on certificate of insurance): _____	Event Name: _____
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Address Of Event Organizer: _____ City _____ Province/State _____ Postal/Zip Code _____	Event Address: _____ City _____ Province/State _____ Postal/Zip Code _____
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Additional Insured: _____ Booth Number: _____

EVENT DATES (Including Move In and Move Out):	FROM	DD / MM / YYYY	TO	DD / MM / YYYY
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SCHEDULE OF COVERAGES * Higher limits available

\$2,000,000 Liability Limits: General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$250,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.

\$25,000 Inland Marine limit – covers your property while in transit to and from the Event Location (three days before and three days after the Event), and while on the Event premises. Subject to \$1,000 deductible.

Coverage is subject to underwriting review. Ineligible Risks: Food & Beverages, Alcohol, Amusement Devices, Athletic performances and stunts, Body piercing and permanent tattooing on site, Chemicals, E-Commerce selling on site, Fertilizers, Firearms, Fireworks Sales & Displays, Pyrotechnics, Games, Installation, Services or Repairs of products on Site, Live Animals, Medical Testing, On-site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Skin Care Products/Cosmetics, Time Share Sales, Tobacco Products, Licensed or Unlicensed Motorized Vehicles, Watercraft exhibits in water. **Note: There is no Liability coverage for Vehicles in Motion. Property excluded:** EDP (Electronic Data Processing), audio & video equipment, watches, jewellery made of precious or semi precious stones and/or precious metals, money, bullion, securities, stamps, antiques, furs, and fine arts.

I hereby appoint Brokers Trust Insurance Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. I hereby declare that all of the above is true and correct. With respect to this application or any change in coverages, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, and analyzing business results.

Please Print Your Name: _____	Signature: _____	DD / MM / YYYY
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The above insurance program will only be offered if the application form is signed and completed in full, and the payment and the application form are received in our offices prior to the opening show date. Completion of this application does not automatically bind coverage. We reserve the right to review all risks following online binding for underwriting compliance. **Premium and fee are minimum, retained and fully earned.** No refunds. Coverage is void if payment is returned N.S.F. NSF fee of \$50 will apply. A full copy of this policy is available upon request or online at www.exhibitorinsurance.com. A copy of the certificate is available to your Show Organizer upon their request.

PAYMENT INFORMATION:

Please Select One In USD Funds ▶	<input type="checkbox"/> Liability Only Premium \$46 + Fee \$225.32 + RST = \$275	Plus a 4% Credit Card Fee
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Card #, CVC _____
 & Expiration Date _____

Card Holder's Name: _____

Fill in your **credit card billing address** if it is different from mailing address above, to process your payment:

Date: _____ **Cardholder Signature** _____

I agree to pay above total according to my card issuer agreement.