

## **CERTIFICATE OF INSURANCE**

TO BE COMPLETED ONLY BY THE INSURER OR THEIR AUTHORIZED REPRESENTATIVE

As an exhibitor participating in the **REMI/ISSA Show**, you are required to have your insurance company complete this form on your behalf or submit your current policy to <a href="mailto:bradem@mediaedge.ca">bradem@mediaedge.ca</a> showing the required amendments stated below. Please bring your original copy to the show.

MediaEdge Communications and Metro Toronto Convention Centre should be added as additional insured.

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Policy Numbers	Effective Date		Expiry Date	Limit of Liability Bodily Injury & Property Damage \$2,000,000
				\$
				\$
				(1)
Date:		Name of Insurance Company (Not Broker):		
Name of Insurance Broker:		Authorized by Representative:		
		Policy Numbers Effect	Policy Numbers Effective Date  Name of I	Policy Numbers Effective Date Expiry Date  Name of Insurance Compan

This Liability Insurance is extended to include Personal Injury, Contractual Liability, Non-owned Automobile Liability, Products – Completed Operations, Cross Liability Clause and Severability of Interest Clause.

MediaEdge Communications & The Metro Toronto Convention Centre have been added as an additional insured under the above policy(s), but only with respect to its interest in the operations of the named insured.

This is to certify that the Policies of Insurance as described above have been issued by the above signed to the Insured named above and are in force at this time.

If cancelled or changed in any manner that would affect MediaEdge Communications or The Metro Toronto Convention Centre as outlined in coverage specified herein for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail will be given by the insurer(s) to: MediaEdge Communications, c/o REMI/ISSA Show, 2001 Sheppard Ave East., Suite 500, Toronto, ON, M2J 4Z8.

Your understanding and compliance with this requirement is greatly appreciated and we thank you for your effort in ensuring the well-being of everyone.