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## **Required Insurance**

As an exhibitor participating at **Grocery Innovations Canada 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 **Oct 26th, 2026** through **Oct 31st, 2026**
- 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:  
**Canadian Federation of Independent Grocers, Toronto Congress Centre**
- Certificate holder:  
**Canadian Federation of Independent Grocers, 200 Consumers Road, Suite 200, ON M2J 4R4**

## **If You Have Your Own Insurance**

If you have your own insurance coverage for the event, please provide a valid Certificate of Insurance that meets the above requirements. **Please ensure the exhibiting company's name is listed on the certificate.**

To submit this, you must upload your Certificate of Insurance using the link or QR code below for review and approval. **Please DO NOT email, mail, or fax your certificate.**

[Click here](#)

to Upload your Certificate of Insurance OR



Please refer to page 3 of this document for a detailed sample COI

## 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 & 4 AND EMAIL IT TO [INFO@EXHIBITORINSURANCE.COM](mailto:INFO@EXHIBITORINSURANCE.COM) FOR QUOTE**

For your convenience, exhibitors can purchase Commercial General Liability and Property Insurance from Exhibitorinsurance.com and eliminate the need to provide your own certificate.

### 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

Excluded Classes of Businesses listed below

[Click here](#)

to Purchase your exhibitor insurance OR



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.*

# CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.  
This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>INSURED'S FULL NAME AND MAILING ADDRESS</b> Exhibitor Name Exhibitor Street Address or P.O Box Vendor City, Province/State & Postal Code/Zip Code	<b>BROKER'S FULL NAME AND MAILING ADDRESS</b> Your Agent or Broker Address  <b>BROKER'S CLIENT ID:</b>
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## COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENNANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	- Your Insurance Company - Your Policy No.	2026/10/26	2026/10/31	EACH OCCURRENCE	\$2,000,000
				GENERAL AGGREGATE	\$2,000,000
				PRODUCTS-COMP/OP AGG	\$2,000,000
				PERSONAL INJURY	\$2,000,000
				TENNANTS LEGAL LIABILITY	\$300,000
				MED EXP (Any one person)	\$
				NON-OWNED AUTO	
				OPTIONAL POLLUTION LIABILITY EXTENSION	\$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES  ** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$
				BODILY INJURY (Per Person)	\$
				BODILY INJURY (Per Accident)	\$
				PROPERTY DAMAGE	\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify) _____				EACH OCCURRENCE	\$
				AGGREGATE	\$
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/>					

<b>ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> Canadian Federation of Independent Grocers, Toronto Congress Centre	<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> THE CERTIFICATE HOLDER LISTED IS HEREBY ADDED AS ADDITIONAL INSURED WITH RESPECT TO LIABILITY ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED ONLY.
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<b>CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b> Canadian Federation of Independent Grocers 200 Consumers Road, Suite 200 Toronto, ON M2J 4R4, Canada	<b>CANCELLATION</b> Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
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SIGNATURE OF AUTHORIZED REPRESENTATIVE	PRINT NAME INCLUDING POSITION HELD		
FAX NUMBER	EMAIL ADDRESS	COMPANY	DATE

## 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: <small>Street Address City, State, Country Postal Code / Zip Code</small>	
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: <small>Street Address City, State, Country Postal Code / Zip Code</small>					
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)**