



## CERTIFICATE OF INSURANCE

**PLEASE RETURN VIA EMAIL: [amyt@mpeshows.com](mailto:amyt@mpeshows.com) BY **MONDAY, FEBRUARY 15<sup>th</sup>, 2016****

**TO BE COMPLETED BY THE INSURER OR THEIR AUTHORIZED REPRESENTATIVE**

| <b>Name of Insured:</b>             |              |                 |             |  |
|-------------------------------------|--------------|-----------------|-------------|--|
| <b>Address of Insured:</b>          |              |                 |             |  |
| Type of Insurance                   | Policy No.'s | Effective Dates | Expiry Date | Limit of Liability,<br>Bodily Injury &<br>Property Damage<br>\$1,000,000.00 (min.) |
| General Liability                   |              |                 |             | \$   |
| Excess Liability<br>(if applicable) |              |                 |             | \$   |

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.

The Calgary Home and Garden Show and Marketplace Events LLC (Canada) Inc., have each 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 undersigned to the name insured named above and are in force at this time.

If cancelled or changed in any manner, that would affect the Calgary Home and Garden Show or Marketplace Events (Canada) inc., 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:

Calgary Home and Garden Show  
 Marketplace Events LLC  
 Macleod Place II  
 602 - 5940 Macleod Trail SW  
 Calgary AB T2H 2G4 Canada  
 Phone: 403.253.1177 Toll Free: 866.941.0673 Fax: 403.253.7878

|                                  |  |
|----------------------------------|--|
| <b>Date:</b>                     | <b>Name of Insurance Company (NOT Broker):</b> |
| <b>Name of Insurance Broker:</b> | <b>Authorized by Representative:</b>           |