



1 YONGE STREET • SUITE 1801 • TORONTO • ONTARIO • M5E 1W7
FAX (416) 369-0515 • TEL. (416) 363-1292
WEBSITE: www.bicycleshowtoronto.com

January 6, 2012

Dear Exhibitor:

SUBJECT: Required “Certificate of Insurance” Confirming Liability Coverage is in place and our name is added as an Additional Insured from February 29 – March 4, 2012
Please mail or fax certificate to our office.

Please forward this letter and the attached form to your insurance agent as soon as possible. Your insurance company or agent is familiar with this simple request.

It is **mandatory** for each exhibitor to obtain a certificate of insurance confirming liability coverage is in place with respect to the booth and product while located in the show plus we require our name to be added as an additional insured. Our full name is: **CANADIAN SHOWS & SPECIAL EVENTS INC. O/A TORONTO INTERNATIONAL BICYCLE SHOW.**

Please fax a copy of your insurance certificate to 416-369-0515 or mail to: 1 Yonge Street, Suite 1801, Toronto, Ontario M5E 1W7. We would appreciate your immediate attention to this matter. Thank you for your usual co-operation.

Yours truly,

Brian Miles
President

cc: Josie Graziosi
Carl Bastedo

CERTIFICATE OF INSURANCE

This is to certify to: Canadian Shows and Special Events Inc. o/a Toronto International
Bicycle Show that the following policy(s) in force at this date has been effected to cover
as shown below:

Named and Address
Of Insured:

Operations to which

This Certificate applies: The Toronto International Bicycle Show, February 29 – March 4, 2012

POLICY TYPE	POLICY NO.	INSURER	EFFECTIVE/ EXPIRY DATES	POLICY LIMITS
Commercial General Liability				\$2,000,000 Bodily Injury Property Damage Occurrence Form

It is hereby understood and agreed that the following is **added as Additional Insured** but only with respect to the liability arising out of the operations of the Named Insured.

**ADDITIONAL INSURED: Canadian Shows and Special Events Inc. o/a Toronto
International Bicycle Show, 1 Yonge St., Suite 1801,
Toronto, Ontario M5E 1W7**

It is further understood that in the event of cancellation of this Policy prior to the expiry date shown on the Policy Declarations, 30 days prior written notice will be given by the Insurer to the Additional Insured at the address shown above.

Date

Authorized Representative