

Required Insurance

As an exhibitor participating at **The Wellness Show 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 **Jan 30th, 2026** through **Feb 1st, 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: **Vancouver Convention Centre, EventWorx Corporation**
- Certificate holder: **EventWorx Corp., 111-5 Avenue SW, Suite 100-342, Calgary, AB, H2A 1B6**

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 FOR QUOTE

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 on page 2

[**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.

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: Street Address City, State, Country Postal Code / Zip Code	
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?	Yes	No
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?	Yes	No
Will deep fryer be used onsite?	Yes	No
If yes , 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?	Yes	No

ALCOHOL INFORMATION

Will alcohol be served at booth or kiosk?	Yes	No
If yes, Name of Permit Holder:		
Liquor Licence Permit Number:		
Are servers trained?	Yes	No

EVENT INFORMATION

Event Name:					
Facility Name & Complete Address: Street Address City, State, Country Postal Code / Zip Code					
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:	\$1 million	\$2 million	\$3 million	\$4 million	\$5 million

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