



111<sup>th</sup> Annual Meeting

**TORONTO**  
October 15-18, 2025



**RAINPROTECTION INSURANCE**

WHERE YOUR EVENT GETS INSURED

Rainprotection is an Authorized Official Insurance Supplier for the American Academy of Periodontology.

### Exhibitor Liability Insurance Program

As a standard requirement for all our show exhibitors, it is necessary for you to carry general liability coverage from an insurance company in good standing with minimum policy limits of \$1,000,000 per occurrence and \$1,000,000 aggregate. Insurance Coverage is not optional.

This insurance must be in force during the lease dates of the event, October 13-18, 2025, naming American Academy of Periodontology (737 N. Michigan Ave. Suite 800 Chicago, IL 60611) as the certificate holder. The following must be named as additional insured: American Academy of Periodontology, AAP 2025 Annual Meeting, and the Metro Toronto Convention Centre.

### Rainprotection Insurance Program

If you do not have insurance, or you would rather not use your own insurance, (similar to when you rent a car – so that claims would not be filed against your policy), we have set up a program with Rainprotection Insurance.

#### Benefits of using this program:

- No Deductible – unlike your corporate policy, Rainprotection’s policy has no deductible. Should there be a claim, you will have no out of pocket costs and your future rates will not go up since you would not need to submit a claim on your policy.
- No Hassles – you will not need to go back and forth with your broker adding additional insureds and making your insurance compliant with show requirements
- Coverage for exhibitors who do not have an existing policy
- Coverage for international exhibitors whose insurance will not cover them in the U.S.A.
- Easy and Inexpensive to purchase instantly online
- Already pre-filled with all the proper show information.
- Submitted to show management for you - Once purchased, they automatically receive a copy

### Make This Process Simple - Purchase Your Insurance Now and Forget About It

Please complete and return the application on Page 2 to purchase your Liability Insurance for just \$275

After reading the above information, if you still decide to use your own insurance, please make it compliant and then send a copy to: [Margery@perio.org](mailto:Margery@perio.org)



# EXHIBITOR INSURANCE APPLICATION, CANADA

<b>APPLICANT INFORMATION</b>	Phone: _____	Fax: _____
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Name of Business: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**REQUIRED - Email address :** \_\_\_\_\_

Describe products/services to be sold/displayed at event: \_\_\_\_\_

## EVENT INFORMATION

Name of Event Organizer (to be shown on certificate of insurance): _____	Event Name: _____
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Address Of Event Organizer: _____ City _____ Province/State _____ Postal/Zip Code _____	Event Address: _____ City _____ Province/State _____ Postal/Zip Code _____
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Additional Insured: \_\_\_\_\_ Booth Number: \_\_\_\_\_

<b>EVENT DATES</b> (Including Move In and Move Out):	<b>FROM</b>	DD / MM / YYYY	<b>TO</b>	DD / MM / YYYY
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## SCHEDULE OF COVERAGES \* Higher limits available

**\$2,000,000 Liability Limits:** General Liability (Per Occurrence and Aggregate Limit), Products and Completed Operations, Personal and Advertising Injury, Fire Damage Limit - \$250,000. Medical Expense not included. Subject to \$1,000 BI, PD and Expenses Deductible.

**\$25,000 Inland Marine** limit – covers your property while in transit to and from the Event Location (three days before and three days after the Event), and while on the Event premises. Subject to \$1,000 deductible.

**Coverage is subject to underwriting review. Ineligible Risks:** Food & Beverages, Alcohol, Amusement Devices, Athletic performances and stunts, Body piercing and permanent tattooing on site, Chemicals, E-Commerce selling on site, Fertilizers, Firearms, Fireworks Sales & Displays, Pyrotechnics, Games, Installation, Services or Repairs of products on Site, Live Animals, Medical Testing, On-site Equipment Sales/Rentals, Oxygen/Aromatherapy Bars, Pesticides, Pharmaceuticals, Nutraceuticals, Vitamins, Health or Dietary Supplements, Skin Care Products/Cosmetics, Time Share Sales, Tobacco Products, Licensed or Unlicensed Motorized Vehicles, Watercraft exhibits in water. **Note: There is no Liability coverage for Vehicles in Motion. Property excluded:** EDP (Electronic Data Processing), audio & video equipment, watches, jewellery made of precious or semi precious stones and/or precious metals, money, bullion, securities, stamps, antiques, furs, and fine arts.

I hereby appoint Brokers Trust Insurance Group Inc. as my authorized representative for this program. I am applying for insurance based on the information provided above. I hereby declare that all of the above is true and correct. With respect to this application or any change in coverages, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, and analyzing business results.

Please Print Your Name: _____	Signature: _____	DD	MM	YYYY
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The above insurance program will only be offered if the application form is signed and completed in full, and the payment and the application form are received in our offices prior to the opening show date. Completion of this application does not automatically bind coverage. We reserve the right to review all risks following online binding for underwriting compliance. **Premium and fee are minimum, retained and fully earned.** No refunds. Coverage is void if payment is returned N.S.F. NSF fee of \$50 will apply. A full copy of this policy is available upon request or online at [www.exhibitorinsurance.com](http://www.exhibitorinsurance.com). A copy of the certificate is available to your Show Organizer upon their request.

## PAYMENT INFORMATION:

Please Select One In USD Funds ▶	<input type="checkbox"/> Liability Only Premium \$46 + Fee \$225.32 + RST = <b>\$275</b>	Plus a 4% Credit Card Fee
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Card #, CVC \_\_\_\_\_  
 & Expiration Date \_\_\_\_\_

**Card Holder's Name:** \_\_\_\_\_

Fill in your **credit card billing address** if it is different from mailing address above, to process your payment:

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Cardholder Signature** \_\_\_\_\_

*I agree to pay above total according to my card issuer agreement.*