

## CONCESSION, KIOSK & VENDOR LIABILITY INSURANCE

### APPLICATION

Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_(\_\_\_\_)\_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

Applicant is \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Approximate number of shows annually: \_\_\_\_\_ Total Gross Receipts: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Expiry Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Type product sold/handled and if they are handmade, prepackaged, etc. \_\_\_\_\_

\_\_\_\_\_

Is there deep frying? If so, what CO2 system is used? \_\_\_\_\_

Confirmation of health food board certificate and food safe certificate? \_\_\_\_\_

Are product demonstrations given? \_\_\_\_\_

If so, describe: \_\_\_\_\_

Usual booth dimensions: \_\_\_\_\_ Number of booths? \_\_\_\_\_

Limit of liability required: \_\_\_\_\_

Location of booth(s): \_\_\_\_\_

Is public allowed in booth? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Loss History: \_\_\_\_\_

\_\_\_\_\_

Cover provide under this program is Fully Earned at Inception. This means that in the event you wish to cancel the insurance during the policy term no premium is refunded.

Signing this application does not bind coverage. Insurance will be effected only by Special Risk Insurance Managers Ltd. after receipt of a valid application and confirmation of the premium payment.

\_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_