

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: _____