



CONCESSION, KIOSK, & VENDOR
LIABILITY INSURANCE APPLICATION

SECTION 1: Applicant Information

- 1. Official/legal name: _____
- 2. Operating name if different: _____
- 3. Street address: _____
- 4. City: _____
- 5. Province: _____ 6. Postal Code: _____
- 7. Phone: _____ 8. Fax: _____
- 9. Website: _____ 10. Email: _____
- 11. Additional insured: _____

SECTION 2: Underwriting Information

- 1. Date company was created: _____
- 2. Number of years experience if different: _____
- 3. Is this business a: Sole Proprietorship Partnership Corporation
- 4. Does this business operate in countries other than Canada: Yes No
- 4.A. If "yes" please explain: _____
- 5. Approximate number of events annually: _____
- 6. Total gross receipts: _____
- 7. Requested effective date: _____ Time: _____
- 8. Requested expiry date: _____ Time: _____
- 9. Describe products and/or services: _____
- 10. Is there any deep frying: Yes No
- 10.A. If "yes" please explain: _____
- 11. Is there a fire extinguishing system used: Yes No
- 11.A. If "yes" please explain: _____
- 12. Do you have a food board certificate and food safe: Yes No
- 13. Are product demonstrations given: Yes No
- 13.A. If "yes" please explain: _____
- 14. Usual booth or kiosk size: _____ 15. Number of booths: _____
- 16. Location of booths: _____
- 17. Are the public allowed in the booth's): Yes No
- 17.A. If "yes" please explain: _____

