|  |  |
| --- | --- |
|  | **FAIR, EXHIBITION & RODEO EXHIBITOR**LIABILITY INSURANCE APPLICATION |

ALL QUESTIONS MUST BE ANSWERED

1. Exhibitor’s Name
2. Exhibitor’s Address

           

CITY PROVINCE POSTAL CODE

Phone # (      )      Fax # (       )

Email       Contact Person

1. Name & Address of Fair, Exhibition or Rodeo where you are an Exhibitor
2. Dates the Fair/Exhibition/Rodeo is being held:

Starting Date      /      /       Time:      AM  PM

MONTH DAY YEAR

Ending Date      /      /       Time:      AM  PM

MONTH DAY YEAR

1. Type of product sold/handled (if more than one booth, specify what is sold/handled at each booth)

Booth #1:

Booth #2:

1. Are product demonstrations given?  Yes  No If ‘yes’, describe

1. Is public allowed into the booth(s)?  Yes  No If ‘yes’, describe

1. Do you have a valid Health Food Board Certificate and Food Safe Certificate?  Not Applicable  Yes  No
2. Commercial General Liability Limit requested  $2,000,000  $5,000,000
3. Are you required by Contract / Agreement to add someone as Additional Insured? If so, provide their full name and address and reason (i.e. Landlord).

Legal Name:

Mailing Address:       Reason:

Legal Name:

Mailing Address:       Reason:

Legal Name:

Mailing Address:       Reason:

Coverage provided under this program is fully earned at inception. This means that in the event you wish to cancel the insurance coverage during the term of the policy, no premium will be refunded.

**NOTE:** Coverage excludes Products and Completed Operations.

Signing this application does not bind coverage. Insurance will be affected by CapriCMW Insurance Services Ltd. only after receipt of this fully completed and signed application and confirmation of the premium payment by the Fair, Exhibition or Rodeo.

**Signature of Exhibitor**  **Date Signed**