



**CONCESSION, KIOSK & VENDOR PROGRAM
LIABILITY INSURANCE APPLICATION**
(for any question needing more space, please attach a separate page)



Name of Applicant			
Trade Name			
Applicant is	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Number of Years in Operation			
Mailing Address			
	City	Province	Postal Code
Business Phone		Fax	
E-mail address		Web Site	
Effective Date (mm/dd/yyyy)		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Expiry Date (mm/dd/yyyy)		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Approximate number of shows annually		Booth is	<input type="checkbox"/> Permanent <input type="checkbox"/> Travelling
Do you attend more than one show at once?		Do you attend any events in the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a list of venues	
Venue Name	Location

Type of product sold/handled (if more than one booth, specify what is sold at each booth)	
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If you serve food, please attach a copy of the health board certificate and food safety certificate.

Are product demonstrations given?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes , please describe			
Usual booth dimensions	ft. x	ft.	Number of booths
Is public allowed in booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes , please describe any restrictions (time, number of people, safety barriers, etc.)			

	Last Year	Expected
Gross Revenue	\$	\$
Attendance		



Limit of Coverage Required	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> Other: \$
Do you require coverage for your Equipment/Stock?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes , please provide details on a separate page including Equipment/Stock items and values for each.				

Prior Insurance Policies and Claims Information

Policy Year	Insurance Company	Premium	Total Value of Claims	# of Claims
		\$	\$	
		\$	\$	
		\$	\$	

Describe in detail any losses exceeding \$500:

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Automobile Coverage (Ontario Residents Only)

Do you require Automobile Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Current Insurer		Renewal Date (mm/dd/yy)	

List Vehicles

Year	Make	Model	List Price New
			\$
			\$
			\$
Driving Radius	km	Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Circuits/Locations			

List Drivers

Last Name, First Name	Driver's Licence Number	Convictions in past 3 years? (if Yes , detail below)
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Conviction Details

Date of Conviction (mm/dd/yy)	Details

Have you made any claims in the past 6 years? (if Yes , please detail below)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of Claim (mm/dd/yy)	Details

Applicant's Declaration

I, the undersigned, understand and agree that coverage under this policy is limited to operations described on the policy. The undersigned also declares that all statements made in the application are true. Signing of this document does not bind the applicant to complete the insurance, but it is agreed that the application shall be the basis of the contract should a policy be issued.

Information Disclosure Consent

As part of my application, I hereby consent to McFarlan Rowlands Insurance Brokers (the "Broker") collecting, using and disclosing personal information required for purposes of considering my application for new or renewal property/liability insurance coverage. The broker is authorized to collect, use and disclose personal information and provide such personal information to third parties, as required, including insurance companies. The Broker may also be required or permitted to disclose such personal information pursuant to relevant privacy laws or other laws. If I wish to review personal information pertaining to my application or policy maintained by the Broker, obtain copies of the Broker's privacy policies or standards, or make other inquiries or express concern, I understand that I may do so by contacting the Broker's Privacy Officer. The undersigned declares that all statements made in the Application and the information contained in documents submitted with it are true. Should you knowingly misrepresent or fail to disclose in this application any fact required to be stated therein, your coverage may be considered null and void by the Insurer:

Signature of Applicant

Print Name

Date

ELIGIBLE OPERATIONS

- Antique & Collectible Vendors
- Apparel & Accessories
- Arts & Crafts Vendors
- Candles (selling only)
- Face Painting
- Floral Vendors
- Food & Drink Concessionaires
- Game Trailers/Booth
- Gift Wrap Booths
- Houseware Sales
- Lawn & Garden Novelties
- Photo Booths
- Product Demos
- Souvenir Sales
- Sporting & Camping Equipment

PrimeGuard Concession, Kiosk & Vendor Program Liability Insurance Program
c/o McFarlan Rowlands Insurance Brokers Inc.
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