

J.D. Smith Insurance Brokers
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**CONCESSION, KIOSK & VENDOR LIABILITY INSURANCE
APPLICATION**

Name _____ Trade Name _____

Address _____

Telephone _____

Fax _____

Applicant is Individual Partnership Corporation

Approximate number of shows annually _____

Effective Date: _____ Time: _____ A.M. _____ P.M.

Expiry Date: _____ Time: _____ A.M. _____ P.M.

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

Confirmation of health food board certificate and food safe certificate?

Are product demonstrations given? Yes No

If so, describe _____

Usual booth dimensions _____ Number of booths? _____

Limit of liability required: \$ _____

Location of booth(s): _____

Is public allowed in booth? Yes No

If so, describe _____

Cover provided 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 Sports-Can Insurance Consultants Ltd. After receipt of a valid application and confirmation of the premium payment.

Dated: _____

Signed: _____