

## EXHIBITOR LIABILITY APPLICATION – FOOD & BEVERAGE

*This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.*

### CONTACT INFORMATION

Name of Insured:	
Full Address: Street Address City, State, Country Postal Code / Zip Code	
Contact Name:	
E-mail:	
Telephone:	
Web Site:	
Description of items for sale or promotion at booth, kiosk or table:	
Square footage of booth or kiosk:	

### FOOD & BEVERAGE VENDORS

Is food & beverage coverage required?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
Provide a detailed description of the food and/or beverage offered:		
Where is food/beverage prepared:		
If packaged, name of manufacturer:		
Will deep fryer be used on site?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If <b>yes</b> , what type of fire suppression system will be used?		
Does the insured have a safe food handling certificate, and/or approved inspection by Health & Safety board:	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

### ALCOHOL INFORMATION

Will alcohol be served at booth or kiosk?	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
If <b>yes</b> , Name of Permit Holder:		

Liquor Licence Permit Number:	
Are servers trained?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

### EVENT INFORMATION

Event Name:	
Facility Name & Complete Address: <small>Street Address City, State, Country Postal Code / Zip Code</small>	
Additional Insured:	
Move IN DATE (MM/DD/YYYY)	AT 12:01AM
Move OUT DATE (MM/DD/YYYY)	AT 11:59PM
Limit of Liability Requested:	<input type="checkbox"/> \$1 million <input type="checkbox"/> \$2 million <input type="checkbox"/> \$3 million <input type="checkbox"/> \$4 million <input type="checkbox"/> \$5 million

*I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Proposal Form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Proposal Form whether made intentionally, innocently or accidentally. I/We have been advised by the broker and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.*

#### **Exhibitor Liability Application ~ Broker Submission**

*For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyds's Underwrites' Insurance business in Canada.*

Applicant Name (please print)	
Applicant Signature:	
Broker/Agent Signature:	
Is E-Mail quote preferred?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>E-Mail address</b> _____

**\*\*PLEASE BE SURE THAT ALL QUESTIONS ARE COMPLETED. IF THE QUESTION DOES NOT APPLY TO THIS EVENT, PLEASE ADVISE BY ANSWERING WITH N/A.**

**\*\*INCOMPLETE APPLICATIONS WILL RESULT IN A DELAY IN QUOTING YOUR EVENT\*\***

**Please return completed and signed to:**

**Exhibitorinsurance.com  
 2780 Hwy # 7, Suite 103  
 Concord, Ontario L4K 3R9**

**Phone: 905-695-2971  
 Toll Free: 1-866-836-9066  
 Fax: 1-866-296-4199  
 E-Mail: [info@exhibitorinsurance.com](mailto:info@exhibitorinsurance.com)**