

Exhibitor Liability Application

DIRECT CLIENT SUBMISSION

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This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a 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.

Name of Insured: _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Contact Name: _____ Telephone: () _____

Web Site: _____

Description of items for sale or promotion at booth, kiosk or table: _____

Square footage of booth or kiosk: _____

Food and Beverage Vendors! Is food and beverage coverage required: Yes No

Provide a detailed description of the food and/or beverage offered: _____

Where is food/beverage prepared: _____

If prepackaged, name of manufacturer: _____

Will a deep fryer be used on site? _____ If so, what type of fire suppression system will be used? _____

Do you have a safe food handling course, and/ or approved inspection by Health and Safety board: _____

Will alcohol be served at booth or kiosk? Yes No

If so, who holds the liquor license: _____

License Number: _____ Are servers trained: Yes No

MOVE IN DATE: _____ AT 12:01AM MOVE OUT DATE: _____ AT 11:59PM
(MM/DD/YYYY) (MM/DD/YYYY)

Name of Location of Event: _____

Address: _____

City, Province/State: _____

Additional Insured: _____

Limit of Liability: \$1,000,000.00 \$2,000,000.00 \$3,000,000.00 \$4,000,000.00 \$5,000,000.00

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 Application 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 Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

APPLICANT NAME: _____

Address: _____

City/ Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

E-Mail: _____

Signature: _____

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For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.