



**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 _____

- 3. Name & Address of Fair, Exhibition or Rodeo where you are an Exhibitor _____

- 4. Dates the Fair/Exhibition/Rodeo is being held:

Starting Date ____ / ____ / ____ Time: _____ AM PM
MONTH DAY YEAR

Ending Date ____ / ____ / ____ Time: _____ AM PM
MONTH DAY YEAR

- 5. Booth dimension(s) _____ Number of booths _____

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

Booth #1: _____

Booth #2: _____

- 7. Are product demonstrations given? Yes No If 'yes', describe _____

- 8. Is public allowed into the booth(s)? Yes No If 'yes', describe _____

- 9. Do you have a valid Health Food Board Certificate and Food Safe Certificate? Not Applicable Yes No

- 10. Commercial General Liability Limit requested \$2,000,000 \$5,000,000

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 Capri 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** _____