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 CapriCMW 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**_____