

**Concession, Kiosk and Vendor  
Liability Application**  
Cambrian Special Risks Insurance Services  
130 Paris Street  
Sudbury ON P3E 3E1  
Phone: (888) 339-6069 Fax: (866)-308-2784  
Email: [quotes@cambrianspecialrisks.com](mailto:quotes@cambrianspecialrisks.com)

**SECTION 1: APPLICANT INFORMATION**

1. Name of Applicant:
  
2. Address:
 

	Street Number	Street Name	Apartment / Suite Number
City:	Province:	Postal Code:	
  
3. Phone: Fax:
  
4. Website Address :
  
5. Will you require an Additional Insured to be added to the policy?  Yes  No  
 If "Yes", please provide name and mailing address:

**SECTION 2: INSURANCE INFORMATION**

1. Policy period From: To:
  
2. Limit required:  \$1,000,000  \$2,000,000  \$5,000,000  Other
  
3. Are you aware of any incident which may result in a claim against you?  Yes  No  
 If "Yes", please provide details:
  
4. Previous Carrier: Renewal Offered?  Yes  No  
 If "No", please explain in detail the reason for non-renewal:
  
5. Loss History, please provide details below (attach additional page(s) if necessary):
 

Coverage	Limit Carried	Premium	Total Losses
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**SECTION 3: UNDERWRITING INFORMATION**

1. Describe product to be sold/displayed:
  
2. Will you be selling food?  Yes  No  
 If "Yes", is there deep frying?  Yes  No

3. Are product demonstrations given?  Yes  No
4. Number of booths: \_\_\_\_\_  
Booth dimensions: \_\_\_\_\_
5. Event Description:
6. Location of booth at Event:
7. Is the public allowed in the kiosk?  Yes  No
8. Number of approximate events annually? \_\_\_\_\_
9. Gross Revenue: \$\_\_\_\_\_

**SECTION 5: OTHER INFORMATION**

1. Please provide any other information you feel would assist in the evaluation of your application:
2. Please submit copy of the Health Food Board Certificate and Food Safe Certificate required.

**SECTION 6: DECLARATION**

**COVERAGE IS FULLY EARNED AT INCEPTION**

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risks Insurance Limited until accepted by Cambrian Special Risks Insurance Limited but that the information contained herein shall be the basis of the contract should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name:

Applicant Signature:

Date:

<b>BROKER CONTACT INFORMATION</b>			
Agent Name:		Address:	
Broker Name:			
E-Mail:		City:	
Phone:		Province:	
Fax:		Postal Code:	