

CONCESSION, KIOSK, VENDOR, FOOD TRUCK/TRAILER LIABILITY INSURANCE APPLICATION

Name: _____ Trade Name: _____

Address: _____

Telephone: _____ Fax: _____

Applicant is: Individual Partnership Corporation

Approximate number of shows annually: _____ Total Gross Receipts: _____

Effective Date: _____ Time: _____ A.M. _____ P.M.

Expiry Date: _____ Time: _____ A.M. _____ P.M.

Type product sold/handled and if they are handmade, prepackaged, etc. _____

Are product demonstrations given? _____

If so, describe: _____

Usual booth dimensions: _____ Number of booths? _____

Location of Booth: _____ Is public allowed in booth? _____

Limit of liability required: _____

Loss History: _____

For food vendors only, please confirm the following:

Is your operation a food truck / Concession / mobile trailer _____ Is there deep frying? Yes No

Is there an automatic fire extinguishing system? Yes No If so, does it protect cooking surfaces, hoods and deep fat fryers? Yes No

Is the fire extinguishing system maintained by qualified and certified service provider at least every 6 months? Yes No

Are the grease filters cleaned weekly as a minimum by trained staff? Yes No

Are there any portable fire extinguishers? Yes No If so, what type? ABC Type K Other _____

What is the fuel source for your cooking equipment? _____ (ie; generator, electrical)

Is there a cleanliness protocol in place (ie; hand washing sink, sanitizing utensils) Yes No

Do you operate year round or seasonal? _____ Do you have commercial auto coverage in place? Yes No

Confirmation of health food board certificate and food safe certificate? _____

Cover provide under this program is Fully Earned at Inception. This means that in the event you wish to cancel the insurance during the policy term no premium is refunded.

Signing this application does not bind coverage. Insurance will be effected only by Special Risk Insurance Managers Ltd. after receipt of a valid application and confirmation of the premium payment.

_____ Dated _____ Signed (applicant)