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**_____