

Exhibitor Liability Application

DIRECT CLIENT SUBMISSION

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This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided.

Section 1:

1. **Is the Kiosk Located Outside of Canada?** Yes No (Note: If yes, we will only offer Commercial General Liability Coverage Only, please provide additional details of event name and dates) _____

2. **Does your product or work involve any of the following:** Yes No (If yes, please circle product)

<ul style="list-style-type: none">Amusement devicesAthletic Performances and StuntsBaby ProductsBody Piercing and permanent tattooing (on site)CannabisChemicalsE-Commerce Selling (on site)Explosives (Including Fireworks / Pyrotechnics)CandlesChristmas Tree Lot	<ul style="list-style-type: none">FertilizersGamesHeating Pads/BlanketsInstallationLicensed or unlicensed motorized vehiclesLive animalsMassage and massage productsMechanical BullFlames / FireVirtual and/or Virtual Reality Setups	<ul style="list-style-type: none">Health and Wellness testing including but not limited to treatments/services with respect to medical rehabilitation, wellness, physiotherapyOxygens / aromatherapy barsPerfumePesticides / pollutantsPharmaceuticals, nutraceuticalsPre-Packaged Prepared Foreign FoodSeafood/Fish (including Sushi)Service or repair of products (on site)Goods on Consignment	<ul style="list-style-type: none">Skin care products/cosmetics including, but not limited to, lotions and soapsTime shares salesTobaccoToysVitamins, Health or Dietary SupplementsWatercraft exhibits in waterWeight loss plans or productsWeapons (including but not limited to knives, firearms, material arts accessories)Unattended Booth
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3. **Coverage Section: (please circle)**

Term Length: Month or Less Up to 6 Months Annual

Booth Setup: Do you require coverage for more than one booth? Yes No (If yes, please provide more details of your second booth in the Comments Section)

If no, please acknowledge "One Booth Setup": & Initial: _____ I hereby understand and agree that only ONE booth/kiosk/table or stand will be setup at any ONE given time. Additional set ups to be added by endorsement, subject to underwriting approval. Additional premiums may apply

Commercial General Liability: 1 million 2 million 3 million 4 million 5 million

Optional: Products and Completed Operations Coverage: Yes No

(Do you require coverage if someone is injured by a product you make or sell, or by work you have completed – other than food and/or beverage)

Optional: Property Coverage, Do you require loss or damage coverage to your own property in your own vendor space:

Please select your limit below and acknowledge the property excluded, then complete Section 5 if Property Coverage required

No Up to 10,000 Limit Up to 25,000 Limit Up to 50,000 Limit

Yes & Initial: _____ **PROPERTY EXCLUDED ACKNOWLEDGEMENT:** I hereby Understand and agree that the following property is excluded: Jewellery, fine arts, precious stones, antiques, furs, plants, shrubs, money and securities, automobiles, motorcycles and any other vehicles licenced for the road:

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For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

FOOD & BEVERAGE QUESTIONS:

Will you be serving / Selling Food and / or beverages (may include alcoholic beverages)? Yes No (If yes, complete below)

- Will you be serving alcoholic beverages at your booth? (may incur additional premium): Yes No
- Is this a food truck or Food Trailer? Yes No
- Provide a detailed description of the food and / or beverage offered: _____
- Will a deep fryer be used on site? Yes No
If yes, what type of fire suppression system will be used? _____

* YES: & Initial: ____ Health Authority/Department Acknowledgement: If Cooking/preparing food and/or beverages for onsite consumption, has the health authority/department approved your food stand licensing? (If you are unsure of their requirements you will need to contact your Community Health Services Department to verify.

Commercial Kitchen:

Do you require coverage extension to a commercial kitchen? (may incur additional premium) Yes No
If yes, please provide Commercial Kitchen Name :

Section 2:

Name of Insured:	
Mailing Address:	City, Province:
Postal Code:	Website:
Email Address:	Phone Number:
Describe the types of Products or Services for sale or promotion at the booth, kiosk or table:	

Section 3:

Effective Date/Start Date:	
Square Footage of Booth, Table or Kiosk:	
Do you need to name any additional insureds with respect to any shows you will be exhibiting at? <input type="radio"/> Yes <input type="radio"/> No (You can add Additional Insured through our online system yourself throughout the policy term with no fee, however, if you require us to add them a \$25 service fee will apply. Any other type of endorsement request may be subject to additional fees and/or premium.)	

Section 4 (Additional Insured - Complete if you selected yes in Section 3):

If an additional insured is required to be named, please describe the additional insured relationship to the event. Select if the additional insured is an Event Organizer, the Event Venue or Event City/Municipality and provide their name and address, the event name and address and the dates you will be exhibiting at the event.

Additional Insured Interest?	<input type="radio"/> Event Organizer	<input type="radio"/> Venue Owner/Event Location	<input type="radio"/> City/Municipality
Name of Additional Insured:			
Address:		City & Province	
Postal Code			
Event Name:			
Event Address, City & Province:			
Event Start Date:		Event End Date:	

Section 5 (Property Section – Complete if you selected yes to Section 1, Question 3):

I/we Agree: & Initial: ____ Security Acknowledgement - Property must be stored at a location with locked doors or a working alarm or 24 hour security while not in use.

i) Please describe the type or property that you require to insure:	
ii) Where will you store the property when not in use? Full Property Address:	
iii) Locked Doors?	iv) Are there security personnel on site?
v) Is the premise sprinklered	vi) Is there 24 hour security
vii) Are there security cameras on site	viii) Is the premise alarmed?
ix) Are there additional security measures while NOT in use:	

Section 6 (Acknowledgement):

I/we Agree: & Initial: ____ Premium is FULLY EARNED, no return premium on cancellation.

I/we Agree: & Initial: ____ I /We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I /we warrant that no material fact has been withheld or misstated and agree that this proposal will form part of the policy and will form the basis of the contract with underwriters. I /we understand that the underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment whether made intentionally, innocently or accidentally. For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada

I have reviewed the information above and have ensured it is 100% accurate. I have also included any Additional Insureds that may be required within the Venue's rental agreement/requirements.

How did you hear about us? _____

Applicant Name:	
Mailing Address:	
City/ Province:	Postal Code:
E-Mail:	Phone #
Signature:	Date:

Please fax or Email your completed application to obtain a no obligation quotation, the quotation will be emailed to the Applicant.

Comments:
