

# 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)