



EVENT INFORMATION

VENDOR APPLICATION

Name of Event:			
Vendor Legal Name:			
Address and Contact Information	Street #:	Street Name:	
	Suite #:	City/Town:	
	Province:	Contact Name:	
	Telephone #:	Email:	

PLEASE NOTE ALL QUESTIONS MUST BE ANSWERED TO OBTAIN A QUOTATION

EVENT INFORMATION

Location(s): _____ Specific Area Rented: _____

Municipality: _____ Municipal Address: _____

Description of Event: _____

EVENT DATE			SET-UP TIME		EVENT TIME		TAKEDOWN TIME	
Month	Day	Year	FROM	TO	FROM	TO	FROM	TO

If you require coverage for more than 5 dates, please have our Page 3 filled out and attached with this application.

Does your vendor coverage include any of the following?

Food	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, what kind: _____	Is fee being charged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Alcohol	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, what kind: _____	Is fee being charged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Performer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Selling Product	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Info Booth	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DJ/Musician	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Security Service	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Inflatable	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Carnival Game	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amusement Ride	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pony Ride	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dunk Tank	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Petting Zoo	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hay/Sleigh Ride	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please Describe Here: _____

OTHER INFORMATION (check N/A if your event does not include these services):

ATTENDANCE INFORMATION:

- Expected Daily Attendance: Minimum _____ Maximum _____ Maximum Over the Entire Event _____
- What was Last year's attendance? Daily Maximum _____ Over the entire event _____

INSURANCE INFORMATION:

- Limit of Insurance Required (please check one) \$2,000,000 \$5,000,000
 Limit for Tenants Legal Liability (please check one) \$1,000,000 \$2,000,000 \$5,000,000
- Has this vendor been insured in the past? Yes No Name of Insurer: _____
- Has this event ever been refused insurance or had insurance cancelled? Yes No
- Has this event had a claim or an event that could lead to a claim in the last 5 years? Yes No
- If yes, amount Paid: \$ _____ Describe claim: _____



ADDITIONAL INSURED INFORMATION:

Provide a list of those requiring to be an Additional Insured to be added to your certificate of insurance (if more than 3 provide a separate sheet)		
	Name	Address
1.		
2.		
3.		

Please note that the Insurance Underwriter relies on the above information, not only to determine the premium charged, but also if they would accept providing insurance coverage for this risk. Any information that is not included or not represented accurately will be considered a misrepresentation which would null and void coverage.

I understand the above Yes No The above information is truthful and completed to the best of my ability with the knowledge at the date of applying for this insurance coverage. Yes No

Completed by: _____ Position: _____

If this is an organization that is Incorporated under the laws of the Province or Federally in Canada, I the above person signing has authority to bind the Organization. Yes No Not applicable (not incorporated)

Signature: _____ Date (dd/mm/yyyy): _____

*Completing and signing this form does not bind insurance coverage
Premiums must be paid in full before coverage can be bound*

Please submit to submissions@instantriskcoverage.com for a quotation