



Cambrian Special Risks

130 Paris Street
Sudbury ON P3E #e1
Phone: (888) 339-6069 Fax: (866) 308-2784
Email: quotes@cambrianspecialrisks.com



Kiosk Liability Application

Name of Organization: _____

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

Website Address: _____

Effective Date: _____ (mm/dd/yy) Time: _____

Expiry Date: _____ (mm/dd/yy) Time: _____

Limit of Liability Required: _____

Describe product to be sold/displayed: _____

Will you be selling food? YES NO

If so, is there deep frying? YES NO

Please submit copy of the Health Food Board Certificate and Food Safe Certificate required.

Are product demonstrations given? YES NO

Number of booths: _____ Booth dimensions: _____

Event Description: _____

Location of booth at Event: _____

Please advise of any incidents that may give rise to a claim, and/or any claims in the past five years: _____

COVERAGE IS FULLY EARNED AT INCEPTION

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to Cambrian Special Risk* until accepted by Cambrian Special Risk* but that the information contained herein shall be the basis of the contract, should a policy be issued.

I/We understand and agree that any misstatement of warranty or fact on this application shall be considered a violation of coverage afforded under any policy issued on the basis of this application. I/We understand and agree that this application shall form part of any policy issued.

Applicant Name: _____

Applicant Signature: _____

Date: _____ (mm/dd/yr)

Brokerage: _____ Broker Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Broker's Signature: _____

**Cambrian Special Risk is a division of Cambrian Insurance Brokers Limited*