

Vendors Program Application

- \$350 (\$2M Liability & Crime)
 \$475 (\$2M Liability, Crime & Property \$10,000)
 \$550 (\$2M Liability, Crime & Property \$20,000)

1. Name of Applicant: _____
(Individual AND registered Operating Name if applicable OR Legal Entity)
2. Address: (must be completed for the certificate): _____
3. Email Address: (for policy delivery): _____ Telephone# _____
5. Effective Date: _____ 6. Are alternative limits required for Liability or property? _____ If yes attach.
7. Complete Description of Products & Activities: _____

8. Usual Markets or Locations of Kiosk/Table/Booth: _____
9. Full Description of Safety Precautions (e.g. First Aid, Food Safe): _____
10. Is food and/or drink and/or other products or services provided? If yes, what type? _____

11. Estimated Annual Gross Receipts: (Markets) _____ (Wholesale): _____ (Internet): _____
12. What is your experience with this type of business? _____
13. Has any Insurance company declined or cancelled cover in the last five years: Yes No If Yes, explain: _____

14. List claims/losses in the last five years: _____

15. Have you signed any contract(s) relating to the operation of the Kiosk/Table/Booth that contains a "subrogation waiver" or "hold harmless" agreement? Yes No If Yes, attach a copy.

This program is only available to small business operators and is designed to cover operations of the individual kiosk, table or booth operated by the Applicant vendor at local farmers markets or similar events within their Province of residence. Coverage in no way extends to cover other business, farming or production operations other than the kiosk/table/booth activities. Coverage does not extend to imported or exported products. The insurance contract is based on utmost good faith. Any material facts known to you must be disclosed.

Applicants Signature: _____ **Date:** _____

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk

Name of Brokerage: _____ **Phone:** _____

Broker: _____ **Fax:** _____

Email: _____

Note - Coverage cannot be bound until approved by Cansure