



RAWF Vendor / Exhibitor Insurance Application

Name of Applicant: _____

Operating Name as Vendor: _____

Address: _____

Email Address: _____ Phone Number: _____

Effective Date: _____ Time: _____ A.M. Time: _____ P.M.

Expiry Date: _____

Venue Name: _Royal Agricultural Winter Fair - Exhibition Place _____

Venue Address: __100 Princes' Blvd, Toronto, ON M6K 3C3 _____

Please describe the product/service being sold or provided at your booth: _____

Please confirm you are NOT selling or exhibiting any of the following products as they are ineligible for coverage.

I declare I am not selling or exhibiting any of the following:

- Chemicals, pesticides, fertilizers, pharmaceuticals, cannabis, tobacco
- Vape pens and/or e-cigarettes
- Firearms / ammunition, Fireworks, explosives, pyrotechnics
- Amusement devices (rides, inflatables, trampolines, mechanical bulls, etc)
- Body piercing, permanent tattooing
- Motorized vehicles / vehicles in motion
- Installation, service or repair of products
- Exhibits including a tank or body of water (e.g. watercraft exhibit on water is ineligible)
- Any type of medical testing
- Liquor (unless approved by NFP & K&K)

Have you had any losses in the last 5 years? Yes No

If yes, please provide the date, details of loss, and amount paid out: _____

Coverage Required:

\$2M Commercial General Liability

\$5M Commercial General Liability

\$10,000 Miscellaneous Property Floater

\$25,000 Miscellaneous Property Floater

Policy Details:

- \$2,000,000 Commercial General Liability
- \$1,000,000 Tenants Legal Liability Broad Form
- \$1,000 Deductible Liability
- \$1,000 Deductible Property

Conditions:

- All heavy/loose items must be secure
- Booth must be always attended during event
- No Host Liquor Liability

Endorsements:

- Abuse/Molestations/Harassment Exclusion (part of base wording)
- Canada Territory Only, excluding Quebec
- Contagious Disease Exclusion
- Cyber Liability Exclusion

By signing this application, you attest the application has been completed accurately and honestly. You understand the insurance certificate will provide evidence you have been added as an individual participant with respect to the coverage and limits of the Master Policy. You understand the coverage provided by the insurance certificate is subject to all terms, conditions, and exclusions contained in Master policy. You further understand the Insurance Company will rely on the information you have provided in the application.

Applicant's Signature: _____ Date: _____