

JDS EXHIBITOR LIABILITY Insurance Application

Excludes
Product
Liability

2-105 West Beaver Crk Rd, Richmond Hill, On L4B1C6 Tel (905)764-7868 Toll Free 1-800-917-7283 Fax (905)764-9618 www.jdsfinancial. ca

| Bootn O | (Please select) | I able 🔾 | |
|---|-----------------|----------------|---|
| 1.Name of applicant / Insured: | | | |
| 2. Mailing address: | | | |
| 3.Contact name: | | #: | |
| 4. Website of insured: | | | |
| 5. Additional insureds: | | | |
| 6. Effective Date: (mm/dd/yyyy) 7. Location of the show (Name & address): | | | m |
| Tresauch of the chew (Name & address). | | | |
| 8. Services offered: | | | |
| 9. Is food and beverage coverage required?10. Square footage of the booth/ kiosk | Yes O | No 🔘 | |
| 11. Limit of liability: \$1 million \$2 million (Please circle) | | | |
| Applicant name: | | | |
| Mailing address: | | | |
| | | _ Postal Code: | |
| Phone No.: E-n | nail Address: | | |
| Applicant's SIGNATURE | | | |
| | | | |

Make sure to include all necessary information as changes after policy issuance will be <u>subject to a fee</u>. Please check your rental agreement for any specific requirements from your venue. Coverage Provided through Lloyds @ PAL Insurance.