

Cart and Kiosk Vendors (Non-Food) Application



The purpose of this application form is for us to find out who you are and to obtain some information for the coverage you are seeking. This is just an application for quoting purposes; neither party is obligated to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide, or has been provided on your behalf, in this application form must be complete, accurate and not misleading. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. **PLEASE READ CAREFULLY.**

1. Broker Information

Brokerage:	Broker ID:		
Broker Address:	City:	Province:	Postal Code:
Broker Contact:	Broker Email:		

2. Applicant Information

Name Insureds(s):	Principal(s):		
Mailing Address:	City:	Province:	Postal Code:
Risk Location:	City:	Province:	Postal Code:
Website:			
Effective Date:	Policy Term: [12-Month Term]	Other Policies with ODIS:	
Prior Insurance & Expiry Date:	If no prior insurance, please provide reason:		

1. Risk Information

Fully describe the nature of your business activities (if no website, attach brochure or company literature along with this form):

Select any of these that apply to the insured's operations:

<input type="checkbox"/>	Turnover greater than \$500,000	<input type="checkbox"/>	Imports from China
<input type="checkbox"/>	Export or sales outside of Canada	<input type="checkbox"/>	Sales to the US
<input type="checkbox"/>	Products which do not meet Government Approval or Guidelines	<input type="checkbox"/>	Any business outside the classification

Number of years in business and experience of insured:

Does the local authority require the business to be licensed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does the insured have a local authority license to operate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2. Revenue

Date of financial year end:

Revenue for last complete financial year:	Revenue estimate for current financial year:
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For the upcoming year, do you anticipate any changes to the type of work you will be performing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide details:

