

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 Insured(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:

3. Insurance Loss & History

Has insurance ever been cancelled or refused for this property? Yes No

If 'yes', please explain:

Have there been claims or losses (whether covered by insurance or not) by the applicant in the last 5 years? Yes No

If 'yes', please provide details in below:

Date of Loss	Claim Closed?	Type of Loss	Amount Paid	Preventative Measures in Place?
	Yes No			
	Yes No			

4. Coverage Information

Property Coverages	Limits Required	Deductible
Property Contents		
Equipment		
Stock		
Trailer		

Are the trailer and/or cart plated? Yes No

Where are the stock and cart stored?

Liability Coverages

Commercial General		
Commercial General Aggregate		
Tenant’s Legal Liability		
Employee Benefits Liability		
Medical Expenses Any One Person		
Non-Owned Automobile		

Include SEF94 Endorsement? Yes No

Forest Fire Fighting Expense Yes No

Any Specific coverages required?

5. Additional Comments

NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AS ODIS Underwriting Inc. HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE. ODIS Underwriting Inc. is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.

Declaration: I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated or suppressed any material fact. I/we agree that this Application Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance affected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract. I/we authorize you to collect, use and disclose personal information as permitted by law, in connection with your commercial insurance policy or a renewal, extension or variation thereof, for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information and claims history.

Full Name(s):

Signature(s) of All Named Insureds (only required if binding)

Date: