



A.E. JEFFREYS INSURANCE BROKERAGE HOUSE INC.

3077 MAINWAY DRIVE, BURLINGTON, ON L7M 1A1

Phone: (905) 319-8775 Fax: (905) 319-7020

APPLICATION FOR GAME & FOOD CONCESSION LIABILITY

1. Name of Broker: _____

2. Phone Number: _____ Fax Number: _____

3. Name of Insured: _____

4. Contact Name: _____ Phone Number: _____

5. Mailing Address: _____

6. Location Address: Various Locations **OR** Permanently at: _____

7. Web Site: _____

8. Policy Term: From: _____ To: _____

UNDERWRITING INFORMATION

1. What year did the operation commence? _____ # of years under present management: _____

2. Does the Insured operate outside of Canada? YES NO If "Yes", where & how often? _____

3. Operations of Insured: Hot Dog Cart Chip Wagon Food Concession Game Concession
 Annual Seasonal Operating Season From: _____ To: _____

4. Have all provincial licensing/inspections recommendations have been complied with? YES NO
 Details: _____ Licence #: _____

5. Deep Fat Frying? YES NO # of Fire Extinguishers: _____

6. Automatic Fire Extinguishing System: YES NO Date Last Serviced: _____
 Is there a 6 month maintenance contract in place? YES NO

7. Running Water to Unit? YES NO If no, details of clean water source: _____

8. Gross Receipts: Actual Gross Receipts Last Year Anticipated Gross Receipts Next Year

Games:	\$ _____	\$ _____
Food:	\$ _____	\$ _____
Total GROSS Receipts	\$ _____	\$ _____

9. Commercial General Liability \$1,000,000 \$2,000,000 \$3,000,000 \$4,000,000 \$5,000,000

SCHEDULE OF CONCESSIONS ATTACH A SEPARATE SCHEDULE WITH ALL REQUIRED INFORMATION IF MORE ROOM NEEDED

GAME CONCESSIONS:

Name of Game	Year Built	Manufacturer	Serial No	Value (if property coverage is required)	Type of Game (Trailer or Stick Joint)
				\$	<input type="checkbox"/> T <input type="checkbox"/> S/J
				\$	<input type="checkbox"/> T <input type="checkbox"/> S/J
				\$	<input type="checkbox"/> T <input type="checkbox"/> S/J
				\$	<input type="checkbox"/> T <input type="checkbox"/> S/J
				\$	<input type="checkbox"/> T <input type="checkbox"/> S/J

FOOD CONCESSIONS:

Type of food sold:	Year Built	Manufacturer	Serial No	Value (if property coverage is required)	Type of Concession (Trailer or Booth)
				\$	<input type="checkbox"/> T <input type="checkbox"/> B
				\$	<input type="checkbox"/> T <input type="checkbox"/> B
				\$	<input type="checkbox"/> T <input type="checkbox"/> B
				\$	<input type="checkbox"/> T <input type="checkbox"/> B
				\$	<input type="checkbox"/> T <input type="checkbox"/> B

ROUTE LIST – List is required prior to binding ATTACH A SEPARATE SCHEDULE if more room required.

DATE:	LOCATION:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LOSS HISTORY – LIST ALL CLAIMS / INCIDENTS FOR THE LAST 5 YEARS:

Date:	Details:	Amount:	Insurer:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prior Insurer: _____ Expiry Date: _____ Expiring Premium: _____
 Has any company declined, cancelled or refused to renew any coverage? Yes No
 If yes, please provide details: _____

BROKER RECOMMENDATION:

New Business to this office Currently insured through this office
 If currently insured through this office, why is account being remarketed?
 Is applicant known to selling broker? Yes No If yes, how long? _____ Years
 Has marketing broker seen this risk? Yes No
 If yes, Condition of risk? excellent good average fair poor
 Financial situation of applicant: excellent good average fair poor not known
 Marketing broker's overall opinion of risk: excellent good average fair poor

Completed By:	Brokerage Name:	Date:
_____	_____	_____

CONSENT in accordance with the Act Respecting the Protection of Personal Information

If it should be necessary for the purpose of my file, I, undersigned, the applicant specifically consent that my broker and my insurers, for the time required to fulfill their functions:

(A) Gather all the pertinent necessary information from the holders of my prior insurance files, intermediaries in the insurance industry, insurance companies, financial institutions, credit agencies, government records establishing driving experience, prevention, detection, or repression of crime agencies and institutions that gather and compile data on insurance risks and losses. for the purpose of establishing the premium and the assessment of risk; and, (if you would like to consent now) for the purpose of verification, assessment and the settlement of losses;

Furthermore, I authorize my broker to sign on my behalf any request or form that may be necessary in order to gather information concerning me.

(B) Disclose, in the case of my broker, the information obtained to insurers with whom he is doing business; when it is my insurers, to institutions that gather and compile data on insurance risks and losses and prevention, detection or repression crime agencies. Solely the employees, mandatories or representatives of my broker, insurers or of institutions referred to in this paragraph will have access to this information when required within the execution of their functions.

Furthermore, I consent that holders of information concerning me and covered by the present consent be released from their confidentiality undertaking and that they convey the required information to my broker, my insurers, their employees, trainees or representatives.

I acknowledge having been informed of my right to access to information obtained by virtue of the present consent and to have it corrected, if need be.

Furthermore, I acknowledge having been informed that I may address all questions regarding the present consent to my broker and/or my insurers, their employees, trainees or representatives.

This insurance application is considered to include all provisions for all forms to be issued in accordance with this contract. The total estimated policy premium is subject to adjustment.

Signature of Applicant:	Signature of Co-Applicant:	Date:
_____	_____	_____