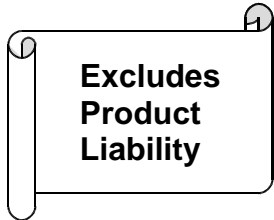




# JDS EXHIBITOR LIABILITY Insurance Application

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](http://www.jdsfinancial.ca)



**Booth**

**Kiosk**   
(Please select)

**Table**

1. Name of applicant / Insured: \_\_\_\_\_

2. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

3. Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Website of insured: \_\_\_\_\_

5. Additional insureds: \_\_\_\_\_  
\_\_\_\_\_

6. Effective Date: (mm/dd/yyyy)  12:01 am Expiry Date:  12:01am

7. Location of the show (Name & address): \_\_\_\_\_

8. Services offered: \_\_\_\_\_

9. Is food and beverage coverage required? Yes  No

10. Square footage of the booth/ kiosk \_\_\_\_\_

11. Limit of liability: \$1 million  \$2 million  \$3 million  \$4 million  \$5 million   
(Please circle)

Applicant name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Applicant's **SIGNATURE**



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