

Vendor Liability Application

ONTARIO HORTICULTURAL ASSOCIATION SOCIETIES - EVENT VENDOR INSURANCE
THROUGH FEDERATED AGENCIES LTD.



2 Norfolk Street South Simcoe, ON N3Y 2V9
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This is an application only. It does not constitute an insurance policy. Insurance shall become effective only upon the issuance of a policy or written binder specifically authorized by the company or agency. Quotations will be based upon the information provided and the applicant warrants the information provided

Name of Insured: Ontario Horticultural Association o/a Garden Ontario
Mailing Address: 448 Paterson Avenue
City, Province: London, ON Postal Code: N5W 5C7
Contact Name: _____ Telephone: (_____) _____

Additional Insureds: _____

MOVE IN DATE: _____ AT **12:01AM** MOVE OUT DATE: _____ AT **11:59PM**
(MM/DD/YYYY) (MM/DD/YYYY)

Name of Location of Event: _____
Address: _____
City, Province/State: _____

Limit of Liability: \$2,000,000.00 Higher Limits available upon request

1 - 12 Vendors Maximum
Policy Premium: \$120.00 + \$24.00 Commission + \$11.52 Tax (8% ON) = Total \$155.52

Over 12 Vendors
of Vendors _____ x \$10.00 Per Vendor = _____ + Commission _____ + Tax _____ = Total _____
(20% of Vendor Total) (8% ON)

AS PER ATTACHED BLANKET EXHIBITOR TEMPLATE - SCHEDULE REQUIRED

I/We hereby declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or misstated and agree that should a policy be issued this Application form will be attached to and form part of the policy and will form the basis of the contract with Underwriters. I/We agree that answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in the Application form whether made intentionally, innocently or accidentally. I/We have been advised and consent to any information that may be perceived as personal information for collection, appropriate use, and disclosure of to third parties.

AGENCY/ COMPANY: The Co-operators
Agent's Name: Shawn LaPalm
Address: 14 - 1135 Lansdowne St. W.
City/ Province: Peterborough, ON Postal Code: K9J 7M2
Telephone: (888) 712 - 2667 Fax: (_____) _____
Agent E-Mail: Shawn_lapalm@cooperators.ca
Who is Commission paid to? SR4's Name: Shawn LaPalm Agency Number: 72514
* Agent Signature: _____

**By signing this application, you are stating that you and your agency are compliant with the PIPEDA.*