



Event Insurance Form

Vendor Information

Insurer: Lloyds of London Date _____

Name (Last, first, middle initial) _____

Street address _____ City _____ Province _____ Postal Code _____

Primary phone number _____ Secondary phone number _____ E-mail address _____

EVENT PARTICIPATING IN

Scarborough Community Multicultural Festival -2018

Booth Name _____ Booth # _____

PAYMENT INFORMATION
(For Office Use Only)

Service Fee: \$10.00 Insurance Fee: \$225.00 = \$243.00 Receipt #: _____
Inclusive 8% HST

Payment Method: Cash Money Order Certified Cheque

SIGNATURES

Signature Applicant _____ Date _____

Signature SCMF Representative _____ Date _____

Liability Insurance is good from August 24 – August 27, 2018