

## Farmers Market Vendor Questionnaire

Name of Applicant:  
 (Individual & registered operating name if applicable OR legal entity)

Name of Contact Person:

Phone Number(s):

Fax Number(s):

Email address:

Address:

Effective Date:

Previous Insurance Policy #:

Previous Insurance Company:

Provide complete description of products and operations:

Market Location of kiosk/booth	Day & Time of Operation	In Operation since (yr)

Full description of safety precautions (e.g. First Aid/Food Safe):

Is food, drink and/or other products or services provided? If yes, what type?

Estimated Annual Gross Receipts

Market(s):

Wholesale:

Internet:

Do you own property that needs to be insured? Yes  No

*If yes an insurance specialist will be in touch with you to obtain the information to be included in the policy.*

Number of years experience as a Market Vendor:

Has any Insurance company declined or cancelled coverage in the past five years? Yes  No

*If Yes explain:*

List any claims or losses in the past five years:

Have you signed any contract(s) relating to the operation of the kiosk/table/booth that contains a "subrogation waiver" or "hold harmless" agreement? Yes  No  *If Yes, please attach a copy.*

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

**\*\*\* If this Application Form was completed by the Broker, indicate the name and title of the individual in the Applicant's organization who supplied this information.**

**\*\*\* Please enclose a copy of your Farmers' Market Association Membership with this application.**

Date \_\_\_\_\_

Signature of Applicant or Broker

\ (Checking this box will be accepted as an electronic signature)