

Farmers Market Vendor Questionnaire

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

Name of Contact Person:

Phone 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.*

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

Date _____
