

Farmers Market Vendor Questionnaire

We believe that insurance should be about people first - your story, needs and life. Completing the form below will help us tailor an insurance solution for your needs.

Security and privacy is our top priority. Do we have your consent to collect, use and share your personal information as described in our [Privacy Policy](#)? Yes No

Name of Applicant/Business

Name of Contact Person

Phone Number(s)

Website

Email Address

Address

Are you a member of BCAFM? Yes No If yes, what is your membership #:

If you want to become a member of the BC Farmers Market Association [please click here](#).

Description of products or services offered at markets:

Will you be attending more than one market a day? Yes No If yes, how many:

Is food, drinks or alcohol provided: Yes No If yes, what type:

What are you estimated annual gross receipts:

Market(s):

Wholesale:

Internet:

Do you have any contents you need insured? Yes No If yes, please state the value:

Do you require liability extend to a commercial kitchen? Yes No

If yes, what is the name and address:

Would you like to add [Cyber Coverage](#) to your policy: \$50K limit \$100K limit No

Has an insurance company declined or cancelled coverage in the past five years: Yes No

If yes, explain why:

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

Would you be interested in exploring additional insurance solutions?