

User Instructions:
 Please fill in application and save as a copy to your computer
 Please attach form in email submission to abfarmers.market@westernfg.ca



Farmers Market Questionnaire

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

Name of Contact Person:

Phone Number(s):

Do you require your vendors to carry Liability Insurance?

Email address:

Please note that it is a condition on this policy that your vendors carry a min.

Address:

\$1,000,000 CGL

Effective Date:

Previous Insurance Policy #:

Number of Vendors:

Previous Insurance Company:

Provide complete description of products and operations:

Market Location	Day & Time of Operation	In Operation since (yr)	Estimated Annual Gross Receipts
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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Do you require Director and Officer Insurance? Yes No *If yes please contact our office for additional application*
 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.*

Please list all Special Events planned for this season (including festivals, fairs and concerts):

Will there be any of the following:

Alcohol Served	Yes <input type="checkbox"/> No <input type="checkbox"/>	At which events:	<input style="width: 100%; height: 20px;" type="text"/>
Pony Rides	Yes <input type="checkbox"/> No <input type="checkbox"/>	At which events:	<input style="width: 100%; height: 20px;" type="text"/>
Fireworks	Yes <input type="checkbox"/> No <input type="checkbox"/>	At which events:	<input style="width: 100%; height: 20px;" type="text"/>
Athletic events	Yes <input type="checkbox"/> No <input type="checkbox"/>	At which events:	<input style="width: 100%; height: 20px;" type="text"/>

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

Market Managers business experience:

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:

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