

## 2015 -2016 Farmers Market Vendor Liability Insurance Enrollment



Vendor commercial liability insurance, underwritten by Westfield Insurance, will provide \$1 million in general and product liability while vending at the farmers markets you list below. Liability insurance offered at a special group rate is limited to members of MIFMA. Individuals must be residents of Michigan, but coverage is available at locations you list below. The \$300 premium provides coverage from April 1, 2015 through March 31, 2016. Once insurance is purchased, the premium is fully earned and non-refundable.

**All markets must be listed on this enrollment form for coverage to be provided. The coverage includes all markets listed on this form and all necessary additional insured certificates. Additional markets may be added at a later date if necessary.**

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Today's Date: \_\_\_\_\_  
 Name (First and Last): \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Products Sold by Category (please check all that apply):  
     \_\_\_ Fresh produce   \_\_\_ Frozen meats   \_\_\_ Eggs   \_\_\_ Dairy  
     \_\_\_ Plants/flowers   \_\_\_ Honey/Syrup   \_\_\_ Processed Items  
     \_\_\_ Artisan Items   Other: \_\_\_\_\_

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Coverage Limits: \$1 million in general liability and \$1 million in product liability

**Coverage to be effective when vending at these farmers markets:  
 \*If the markets require to be listed as an additional insured on your liability insurance plan, please indicate how it should be listed.**

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Market Name: \_\_\_\_\_  
 Market Contact: \_\_\_\_\_  
 Market Manager email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Market Listing\*: \_\_\_\_\_

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\*If this market requires that they also be listed on your liability insurance plan, indicate how it should be listed.

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Market Name: \_\_\_\_\_  
 Market Contact: \_\_\_\_\_  
 Market Manager Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Market Listing\*: \_\_\_\_\_

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Market Name: \_\_\_\_\_  
Market Contact: \_\_\_\_\_  
Market Manager Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Market Listing\*: \_\_\_\_\_

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Market Name: \_\_\_\_\_  
Market Contact: \_\_\_\_\_  
Market Manager Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Market Listing\*: \_\_\_\_\_

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Market Name: \_\_\_\_\_  
Market Contact: \_\_\_\_\_  
Market Manager Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Market Listing\*: \_\_\_\_\_

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Market Name: \_\_\_\_\_  
Market Contact: \_\_\_\_\_  
Market Manager Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Market Listing\*: \_\_\_\_\_

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**\*If the markets require to be listed as an additional insured on your liability insurance plan, please indicate how it should be listed.**

**Please make checks out for \$300 payable to Advanced Insurance Markets, Ltd. and mail with this completed enrollment form to 1969 Cedar Street, Holt, MI 48842 or email to [sanderson@greatagency.org](mailto:sanderson@greatagency.org) Call 517-699-0467 with any questions.**