

BC Farmers Markets Insurance Package
Enrollment Application for 2009-2010

Market\Member Name: _____
 Contact: _____
 Address: _____
 Phone: _____
 Fax and or Email address: _____

Market location : Civic or location address: _____

1. BASIC PACKAGE PREMIUM: Includes **\$5,000,000** Liability. **\$350.00 (Per Market Location)**
 If operating more than 1 market at a time, \$350 premium applies to each market operation

\$ _____

Advise who else needs to be named on policy:

City, Municipality, Etc.

Name: _____
 Address: _____

2. **OPTIONAL COVERAGES** (Rate per \$100)

** Note: All property rates are per \$100 Value
 Always round up or down to nearest \$

* Sign Floater \$ _____ x \$2.00 per 100 = \$ _____

ie \$5000 sign = 50 X \$2.00 = \$100.00

* **Miscellaneous Property Floater**

Tents\Canopies \$ _____ x \$3.00 per100 \$ _____

Toilets etc.

Other (list) \$ _____ x \$3.00 per100 \$ _____

* **Office equipment** (rate \$2.00\100) \$ _____ x \$2.00 \$ _____

TOTAL PREMIUM SUBMITTED: \$ _____
(Round up\down to nearest dollar)

Effective Date ____/____/2009
Day Month

Please make cheques payable to THE CO-OPERATORS and send to:

The Co-operators, Fruit Union Plaza 106-3101 Hwy 6 Vernon, BC V1T 9H6
Ph 250-542-6300 Fax 542-6602 Email: insurance@shaw.ca