



## BCAFM Vendor Supporters Application

\$325 (Liability and Crime)  \$450 (Liability, Crime and Property \$10,000)  \$525 (Liability, Crime and Property \$20,000)

1. Name of Applicant: \_\_\_\_\_

(Individual AND registered Operating Name if applicable OR Legal Entity)

2. Address: (must be completed for the certificate): \_\_\_\_\_

3. Email Address: (for policy delivery): \_\_\_\_\_ Telephone# \_\_\_\_\_

5. Effective Date: \_\_\_\_\_ 6. BCAFm Vendor Supporter # (Must be included to process): \_\_\_\_\_

7. Complete Description of Products & Activities: \_\_\_\_\_

8. Usual Markets Locations of Kiosk/Table/Booth: \_\_\_\_\_

9. Full Description of Safety Precautions (e.g. First Aid, Food Safe): \_\_\_\_\_

10. Is food and/or drink and/or other products or services provided? If yes, what type? \_\_\_\_\_

11. Estimated Annual Gross Receipts: (Markets) \_\_\_\_\_ (Wholesale): \_\_\_\_\_ (Internet): \_\_\_\_\_

12. What is your experience with this type of business? \_\_\_\_\_

13. Has any Insurance company declined or cancelled cover in the last five years: Yes  No  If Yes, explain: \_\_\_\_\_

14. List claims/losses in the last five years: \_\_\_\_\_

15. 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, attach a copy.

This program is available only to the B.C Association of Farmers Markets (BCAFM) vendor supporters and is designed to cover operations of the individual kiosk, table or booth operated by a BCAFm supporter at the local farmers market. It is acknowledged that on occasion the member may operate the kiosk/booth/table at another event in BC. Coverage in no way extends to cover other farming or production operations other than the kiosk/table/booth activities.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of Payment:**  Visa  MasterCard  Cheque (Mailed to the Whistler Insurance Shoppe)

**Credit Card #:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

I understand that the information set forth is correct and shall be the basis upon which insurance may be granted. I also agree that reports containing personal, credit, factual record, premium payment or claims history may be sought or exchanged in connection with this application for insurance or renewal thereof. Completion of this application does not bind the applicant to accept the quotation nor does it bind the insurer to accept the risk.



**The Whistler Insurance Shoppe**  
109-4369 Main Street  
Whistler BC, V0N 1B4  
Phone: 1-604-932-3888  
Fax: 1-604-932-3889

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**Note - Coverage cannot be bound until approved by Beacon & payment is received**