



BC Association of Farmers' Markets Vendor Insurance Package Enrollment Application for 2010-2011

Applicant must be a Vendor Supporter in good standing with the BC Association of Farmers' Markets and a Member of a BCAFM Member Farmers' Market

BC Association of Farmers' Markets Insurance Package Eligibility Qualifications for a Vendor:

Insures operations associated with the BCAFM Vendors including internet sales in Canada. These apply to all tiers of the BCAFM Vendor Program except as specified. The following criteria must be met:

- Maximum \$250,000 Annual Gross Revenue
- Precious Metals (gold, silver, gem stones) limited to \$1,000.00
- No deep fat fryer operations
- No completed operations for sales of second hand goods
- No U.S. or foreign sales
- No existing store front or retail operations
- No Farm operations*
- If Manufacturer, products are not to be used in:
 - Aviation
 - Automotive
 - Ammunition
 - Computers
 - Drugs
 - Explosives
 - Fireworks
 - Products for use in the Forestry industry
 - Oil and gas industry
 - Production machinery ie: boilers, pressure vessels
 - No Weapons or Knives (including decorative painting)

* Farmers may qualify for farmer market operations coverage only subject to obtaining proof of current farm liability prior to binding

Please complete and return the attached application to:

Cindy Juda, CAIB
Wilson M Beck Insurance Services (Kelowna) Inc.
InVue Tower, 107 – 2040 Springfield Road
Kelowna, BC V1Y 9N7
Phone: 250-763-3840 Fax: 250-762-9633 Toll Free: 888-292-6202
cjuda@wmbeck.com



BC Association of Farmers' Markets
Vendor Insurance Package
Enrollment Application for 2010-2011

OPTION A: LIABILITY ONLY POLICY including CRIME

Total Cost: \$300.00

Liability Limits:

General Liability:

\$2,000,000 per Occurrence
\$2,000,000.00 Aggregate Limit
(Includes Completed Operations, other than second hand goods)

Tenants Legal Fire Liability:

\$500,000 per Occurrence - Subject to policy Aggregate

Non-Owned Automobile:

\$2,000,000.00

Deductible:

\$500 (Bodily Injury and Property Damage)

Volunteers as additional insureds

Food Poisoning Included

Crime:

Money & Securities:

\$5,000 subject to a \$1,000 deductible

Bond (Employee Dishonesty):

\$10,000 subject to a \$1,000 deductible

OPTION B: LIABILITY AND PROPERTY including CRIME

Total Cost: \$425.00

Liability Limits:

General Liability:

\$2,000,000 per Occurrence
\$2,000,000.00 Aggregate Limit
(Includes Completed Operations, other than second hand goods)

Tenants Legal Fire Liability:

\$500,000 per Occurrence - Subject to policy Aggregate

Non-Owned Automobile:

\$2,000,000.00

Deductible:

\$500 (Bodily Injury and Property Damage)

Volunteers as additional insureds

Food Poisoning Included

Property Limits:

Business Personal Property Limit:

\$20,000 (Replacement Cost Basis)

Sublimits (Not in addition to the policy limit):

Business Interruption: 25% of policy
Extra Expense: 25% of policy Limit
Property in Transit: \$1,000
Signs: \$1,000
Valuable Papers: \$2,000
Accounts Receivable: \$2,000
Blanket Exterior Glass: Included
Deductible: \$1,000

Crime:

Money & Securities:

\$5,000 subject to a \$1,000 deductible

Bond (Employee Dishonesty):

\$10,000 subject to a \$1,000 deductible

Increased Property Options:

Property Limit: \$35,000 **Add \$250**
Property Limit: \$65,000 **Add \$400**
Property Limit: \$120,000 **Add \$550**

* All other limits remain the same as noted above; BI & Extra Expense is a % of the total limit.



**BC Association of Farmers' Markets
Vendor Insurance Package
Enrollment Application for 2010-2011**

APPLICATION FOR INSURANCE

Business Name: _____

Mailing Address: _____

Contact Person Name: _____ Daytime Phone Number: _____

E-mail Address: _____ Cell Phone Number: _____

Operations: _____

Additional Insureds to be added to the certificate: _____

Website Address: _____

Estimated Annual Revenue: _____ Percentage of internet sales: _____

Start Date of Coverage: _____ Master Policy Expiry Date: March 31, 2011

Number of Employees: _____ Years of Experience: _____

Have you had any losses in the past 5 year? Yes No (If yes, please attach details)

Has your business insurance ever been cancelled/declined/surcharged by any insurer? Yes No

Name of previous insurer (if applicable): _____

I certify that all the statements made in this application are complete and accurate and apply for a contract of insurance based upon the truth of the statements.

Applicants Signature

Date

Applicant Name (please print) if other than Contact Person

Option selected by Certificate Holder Option A: \$300.00

Option B: \$425.00

Increased Property Limit: \$ _____

Method of payment: Master Card Visa

Credit Card#: _____ Expiry Date: _____ Amount: _____

 **COVERAGE CAN NOT BE BOUND WITHOUT PAYMENT**