

2010 CFMA Insurance Application

Due March 6, 2010

Applications after that date must add \$25

Market name _____

Market physical set-up location _____
(list address and city)

Actual 2009 gross income of your market organization from fees and other sales: \$ _____
This does not include the sales by your sellers, only income of the market "organization" itself.
Even if you are a "nonprofit", you must list any money you collected for fees, etc.
Subtract sales taxes you collect from sellers and pass on to a city, if any.
New markets should estimate fees and other income you expect this season.

List name(s) of any "additional insured" to be included on your proof of insurance certificate and fill out a **Certificate Request Form** for each additional insured .

Please check your lease carefully for the exact wording your landlord requests.
If an additional insured requires that an original certificate be sent to them, please indicate this on the form.
Changes after the first certificate is issued are subject to a \$25 fee.
Please list only landlords or market site property owners or property managers.
If you do not know this info yet, please note below and then notify CFMA as soon as you do know.
No certificate will be issued until you supply all necessary information.
Each market is allowed up to **two** additional insureds, any more will be subject to a \$100 fee.
Your farmers' market "company", plus any owners, and market employees are covered by the policy and will not be added as additional insureds.

Additional Insured(s): *(Complete a Certificate Request Form for each listed additional insured.)*

____ Don't issue my certificate yet. I will let you know when I get the names finalized.

It can take seven to ten working days to get a certificate issued, so please plan ahead.

Name of person supplying above data:

Name _____ Your title _____
(Please print name)

By signing here, I acknowledge I have read the 2010 CFMA Insurance Information Sheet document, and the 2010 CFMA Safety Guidelines document, and that the above information is correct at the time of submission.

(Signature required) _____

Enclose the 2010 premium contribution of \$300 per market site, payable to CFMA.
Mail to: CFMA c/o Cynthia Torres P.O. Box 7293 Boulder, CO 80306

This information will be handled confidentially for insurance purposes only, and may be audited by the insurance company.