



# Missouri Farm Bureau - Missouri Farmers Market Association Insurance Program

Farm Bureau Town & Country Ins. Company of Missouri  
P.O. Box 658, 701 South Country Club Drive  
Jefferson City Mo 65102

New Applicant     Change     Cancellation

Name of Applicant		Type of Entity:	
		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture
		<input type="checkbox"/> Other _____	<input type="checkbox"/> LLC/LLP
Mailing Address		Effective Date	County Location
City	State	Zip	Missouri Farm Bureau Membership #

Legal Location of Applicants Farmers Market:			
Street/Highway	City	State	Zip

**COVERAGE:**

Commercial General Liability arising out of scope of operations of the above farmers market.

- \$1,000,000    CSL EACH OCCURENCE LIMIT
- \$1,000,000    PERSONAL & ADVERTISING INJURY
- \$2,000,000    GENERAL AGGREGATE (OTHER THAN PRODUCTS-COMP OPS )
- \$50,000        FIRE DAMAGE LIMIT - ANY ONE FIRE
- \$5,000         MEDICAL EXPENSE - ANY ONE PERSON

**Products/Completed Operations Liability is excluded.  
Individual vendors are not covered by this program. Contact their local Farm Bureau agent if interested.**

1. Are you a current member of Missouri Farm Bureau? (If "no" coverage can not be bound.)  Yes     No
2. Are you a current member of Missouri Farmers Market Association? (If "no" coverage can not be bound.)  Yes     No
3. Do you allow vendors to sell items that are not farm products that are grown or made for consumption by humans or animals?  Yes     No
4. Have you incurred any loss, payable by insurance or not, in the past five (5) years  Yes     No  
If "yes" please describe \_\_\_\_\_  
\*\*\* If "yes" coverage can not be bound without approval from Missouri Farm Bureau.
5. Do you require your vendors to show proof of insurance?  Yes     No
6. Do you operate outside the state of Missouri?  Yes     No
7. Are there any unusual hazards located on the premises?  Yes     No
8. Do you provide/sponsor special amusement events? If "yes" please describe: \_\_\_\_\_  Yes     No

**Additional Insureds – Lessors of your premise:**

Only lessors of your premises are eligible for coverage as an Additional Insured.

**Additional Insured – Controlling Interest:** \_\_\_\_\_

Your controlling interest must be a legal entity (Additional \$10 charge applies).

Fair Credit Reporting Act Notice: In addition to routine verification of information pertinent to the insurance applied for, the company may have an investigator consumer report made whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation.

Please mail to: Amanda Griesheimer  
Washington Area Chamber of Commerce  
PO Box 752  
Washington, MO 63090

\_\_\_\_\_  
Signature of Applicant Date  
Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_