



## Antioch Farmers' Market

### INSURANCE AND WAIVER

#### LIABILITY INSURANCE CERTIFICATION

I hereby acknowledge that I/we have the proper liability insurance coverage necessary to cover me/us at the Village of Antioch Farmers' Market. A copy of proof of insurance naming the Village of Antioch as additional insured will be provided to the Village of Antioch by my insurance company.

Insurer: \_\_\_\_\_ Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Amount of liability coverage: \_\_\_\_\_

I hereby certify the above to be true and that the policy is in good standing and will remain in good standing as long as I participate in the Antioch Farmers' Market.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### INDEMNIFICATION WAIVER

The undersigned, for her/himself and, if different, for the person or organization on whose behalf this application is submitted, hereby covenants to indemnify the Village of Antioch and its residents, volunteers and employees, and assigns; and to hold them harmless from any liability for any personal injury or property damage arising in connection with any occurrence arising out of the use of the premises pursuant to this application, and any liability for any contractually or quasi-contractual obligations to third parties in connection with the activity, event, use or occurrence. Applicant certifies, under penalties of perjury, that all the information set forth in this application for permit is true and complete to the best of his/her belief. Applicant further agrees to perform all obligations.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Print Name : \_\_\_\_\_