# Brookfield Farmers Market

## **Affidavit and Certification**

The undersigned, for himself and, if different, for the person or organization on whose behalf this application is submitted, hereby covenants to indemnify the Village of Brookfield, Illinois, and its residents, volunteers and employees and assigns; the Brookfield Chamber of Commerce and its members, its Farmer's Market and its members, 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 contractual or quasi-contractual obligations to third parties in connection with the activity, event, use or occurrence.

Applicant certifies, under penalties of perjury, that all of the information set forth in this application is true and complete to the best of his/her belief.  Applicant further agrees to perform all obligations, which may be annexed hereto.

Applicant further certifies that he/she has read the rules, regulations, terms and conditions governing the Brookfield Farmer's Market as herein stated, and agrees to abide by them.

_____
Business Name

_____
Printed Name of Signatory

_____
Signature                                                                                            Date

## **Liability Insurance Certification**

I hereby certify that I/we have the proper liability insurance coverage necessary to cover my activities while at the Brookfield Farmers Market.  I provide the following information and proof of insurance along with this application, and if approved for participation, shall furnish a Certificate of Insurance naming the Brookfield Chamber of Commerce and the Village of Brookfield as Additional Insureds.

ATTACH/INCLUDE PROOF OF INSURANCE (I.E.- LETTER FROM INSURANCE AGENT SO STATING, COPY OF PERTINENT POLICY, ETC.) ALONG WITH THIS APPLICATION.

*NOTE:  Application will _not_ be accepted without this form and proof of insurance.

Insured: _____

Insurer: _____

Agent: _____Phone:_____

Address: _____

Amount of liability coverage: _____

I hereby certify the above to be true and that the policy is in good standing.

Signature:_____ Date:_____