CERTIFICATE OF INSURANCE REQUEST FORM for commercial kitchens, farmers markets, special events etc.

It is the member's responsibility to ensure that all information provided is accurate and kept up to date. Please complete the form below and return it to The Chef Alliance. A certificate will be issued for each event or farmers market or commercial kitchen, if required, based on requirements sent to you by these events and locations; otherwise a general certificate will be issued.

Member Name	
Business Name	
Policy Number (if issued for current term)	

PLEASE ISSUE A CERTIFICATE FOR: Anytown Artisan & Farmers Market

farmers marketWhat are the data	commercial kitchen or etc. ates of attendance, if	"add Anytown District Chamber of Commerce as an "additional insured" for the Anytown Artisan & Farmers Market " for August 20th & August 27th 2023
or proof of insu	d to appear on the certificate rance? Please include full ess. We advise copying	Anytown District Chamber of Commerce 19 Someplace Street, Anytown, ON X1X 2Y2
and pasting th been sent to y	e information that has ou for accuracy. or contact person at each	Anytown Artisan & Farmers Market 345 Someplace Street, Anytown, ON X1X 2Y2
	nisation/ event being listed	Event Contact: markets @ AnytownDCC. ca

PLEASE ISSUE A CERTIFICATE FOR: Anytown Carrot Festival

 Name of event, commercial kitchen or farmers market etc. What are the dates of attendance, if applicable What is required to appear on the certificate or proof of insurance? Please include full name and address. We advise copying and pasting the information that has 	"Vendors are require to provide a certificate of insurance listing the Town of Anytown as an Additional Insured in an amount not less than two million dollars (\$2,000,000) per occurrence, two million dollars (\$2,000,000) aggregate" Town of Anytown at 345 Someplace Street, Anytown, ON X1X 2Y2
been sent to you for accuracy.	Dates: August 18 th – August 19 th , 2023
 Email address or contact person at each business/ organisation/ event being listed 	Event Contact: Deb @ townofanytown. ca

PLEASE ISSUE A CERTIFICATE FOR: ABC Commercial Kitchen

 Name of event, commercial kitchen or farmers market etc. What are the dates of attendance, if applicable What is required to appear on the certificate or proof of insurance? Please include full name and address. We advise copying and pasting the information that has been sent to you for accuracy. Email address or contact person at each business/ organisation/ event being listed 	ABC Commercial Kitchen 123 Any St Anytown, ON X1X 2Y2 Dates: until further notice Manager @ Abccommercialkitchen. com
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