

Requirements for Vendors at Farmers Market

1. Vendors need to provide a Certificate of Liability Insurance with a minimum of \$1,000,000 each occurrence and \$2,000,000 general aggregate.
2. Land Connection Foundation 206 N Randolph St Ste 400 Champaign, IL 61820-8813 needs to be listed as **Certificate Holder and Additional Insured**.
3. Certificate will need a description of the vendors operations in remarks.
 - a. Example: Roadside Stand includes sale of goods or products
4. Products Liability Coverage will be required for all vendors. This coverage is provided on a Country Commercial policy under Products/Completed Operations.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TERRY G HILL (04736) 213 N MAIN ST PO BOX 917 ST JOSEPH, IL 61873-0000	CONTACT NAME: TERRY G HILL
	PHONE (A/C, No, Ext): 217-469-9800 FAX (A/C, No): 217-469-9801 E-MAIL ADDRESS: TERRY.HILL@COUNTRYFINANCIAL.COM
INSURED 4483077 VENDORS COMPANY NAME 206 N RANDOLPH ST STE 400 CHAMPAIGN, IL 618208813	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : COUNTRY Mutual Insurance Company 20990
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		policy #	8/1/2018	8/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	<input checked="" type="checkbox"/>		policy # Covered on Gen Liab	8/1/2018	8/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

REMARKS:
BUSINESS DESCRIPTION: FRUIT & VEGETABLE DEALER
INSURED HAS PRODUCTS LIABILITY COVERAGE PROVIDED UNDER PRODUCTS/COMPLETED OPERATIONS LIABILITY WITH LIMITS (CONTINUED)

CERTIFICATE HOLDER THE LAND CONNECTION FOUNDATION 206 N RANDOLPH ST STE 400 CHAMPAIGN, IL 61820	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED	
POLICY NUMBER AB9265289		VENDORS COMPANY NAME 206 N RANDOLPH ST STE 400 CHAMPAIGN, IL 618208813	
CARRIER COUNTRY Mutual Insurance Company	NAIC CODE 20990	EFFECTIVE DATE: 4/22/2019	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

(REMARKS CONTINUED)
 STATED ABOVE FOR THE CHAMPAIGN FARMERS MARKET LOCATED AT NEIL AND WASHINGING PARK LOT 302 N NEIL ST CHAMPAIGN IL 61820

POLICY INFORMATION:
 HIRED AUTOS LIMIT AND NON-OWNED AUTOS LIMIT ARE INCLUDED IN THE EACH OCCURRENCE LIMIT AND GENERAL AGGREGATE LIMIT OF THE GENERAL LIABILITY

ADDITIONAL INSURED(S):
 THE LAND CONNECTION FOUNDATION
 206 N RANDOLPH STE 400
 CHAMPAIGN, IL 61820