

VENDOR APPLICATION FORM

Name: _____ Date: _____

Address: _____
(Street, City, State, Zip Code and County)

Farm/Business Name: _____

Telephone: _____ Cell: _____ Texting Available? Yes ___ No ___

Email: _____

Number of spaces requested: _____ My booth will require electricity: Yes ___ No ___

Products to be sold:

By signing this application, I agree and acknowledge full responsibility for all my actions and activities in the Market (and for those assisting me) throughout the term of this season's market (May 2018 - October 2018).

Copies of all necessary licenses and insurance policies, as set forth on Page 2, must accompany this application.

Return this application to:

Town of Brookhaven
Town Attorney's Office
Attn: Leigh Rate, Esq.
1 Independence Hill
Farmingville, NY 11738
Tel: 631-451-6500

Signature of Applicant

INSURANCE REQUIREMENTS

The Vendor shall procure and maintain at its own costs, public liability and other insurance as will protect the Town, its officers, employees, and the people of the Town of Brookhaven from any claim or claims for damages to property and for bodily injury and personal injury, including death, which may arise from or relate to the terms and conditions of this agreement. Said policies or certificates of insurance shall be delivered to the Town with full premiums paid, and shall be subject to the approval of the Town Attorney for adequacy and form of protection. **Said policies and certificates shall name the Town of Brookhaven, The Town Board, and its officers as additional insureds.** The Vendor shall be held liable for any work and services provided by all subcontractors of the Vendor. The insurance provided shall include the following:

1. Comprehensive general liability:
 - a) Per occurrence, \$1,000,000.00; General aggregate - \$2,000,000.00
 - b) Products completed, operations aggregate - \$2,000,000.00
 - c) Personal and advertising injury - \$2,000,000.00
 - d) Each occurrence - \$1,000,000.00
 - e) Fire damage - \$100,000.00
 - f) Medical expense (any one person) \$5,000.00

The foregoing aggregate limits shall apply on a per occurrence basis.

2. Automobile liability:
 - a) Any auto coverage - \$1,000,000.00
 - b) Hired autos - \$1,000,000.00
 - c) Non-owned auto coverage - \$1,000,000.00
3. Workers' Compensation Insurance and Employer Liability Liability (Statutory requirements)
4. Disability Benefits – Liability (Statutory requirements)

The Town Insurance Manager may modify the insurance requirements, prior to the commencement of services, if the Vendor can demonstrate that the scope of services to be performed does not warrant such coverage. The Town Attorney of the Town of Brookhaven shall be the stipulated recipient of said Certificate of Insurance. Insurance certificates shall be subject to the review and approval of the Town's Insurance Manager. It shall be further stipulated thereon that the Town Attorney of the Town of Brookhaven shall be given at least thirty (30) days' notice of cancellation of said coverage, which shall be remitted to the Town Attorney, One Independence Hill, Farmingville, New York 11738. In the event that Vendor's insurance covers the actions of its subcontractors, those subcontractors will not be required to meet the insurance requirements of this agreement.