

Lockport Chamber of Commerce Farmer's Market INDEMNIFICATION AND HOLD-HARMLESS / INSURANCE 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 Lockport Chamber of Commerce and the Lockport 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 of 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, which may be annexed here to.

I certify that I have read the terms and conditions governing the Lockport Chamber Farmer's Market as herein stated and agree to abide by them.

PRINTED NAME		
SIGNATURE		
DATE	 	

LIABILITY INSURANCE CERTIFICATION

I hereby acknowledge the fact that I/we have the proper liability insurance coverage necessary to cover me/us at Lockport Chamber Farmer's Market. A copy of proof of insurance naming the Lockport Chamber of Commerce as additional insured for the amount of \$1 million coverage per occurrence and \$2 million aggregate coverage for general liability is being sent to the Lockport Chamber of Commerce by my insurance company.

PLEASE PRINT	
Insurer:	
Agent:	_ Phone:
Address:	City/State/Zip:
Amount of liability coverage:	
I hereby certify the above to be true and that as long as I participate in the Lockport Cham	the policy is in good standingand will remain in good standing ber Farmer's Market.
Signature:	Date:

Please complete the entire application.