



Fairfax County Farmers Markets Insurance Requirements

Updated 2023

All participating vendors at Fairfax County Farmers Markets are required to purchase Commercial General Liability insurance coverage. A current copy of the insurance certificate **must always be on file with the farmers market coordinator**. If your policy expires mid-season you must resubmit your insurance information upon renewal. Insurance paperwork will remain on file until expiration. If you attend multiple Fairfax County Farmers Markets, only one certificate is required. We highly recommend you give a copy of these requirements directly to your agent.

Insurance Guidelines

Minimum Amount Required Commercial General Liability (Limits): Each Occurrence/Aggregate– \$1,000,000

The Vendor agrees to maintain Commercial General Liability insurance in the amount of \$1,000,000 per occurrence/aggregate, to protect the Vendor, its sub-Vendors, and the interest of the County, its officers, employees and agents against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation under the Contract or in connection with the contracted work.

Automobile Liability insurance: The Vendor agrees to maintain owned, non-owned, and hired Automobile Liability insurance indicated below, including property damage, covering all owned, non-owned, borrowed, leased, or rented vehicles operated by the Vendor. Minimum limits are as follows:

Vehicle Class	Curb Weight Max	Coverage Requirement
Light-Duty Vehicle:	<6,000 lbs.	\$100,000
Medium-Duty Vehicle	6,001 – 8,500 lbs.	\$500,000
Light Heavy-Duty Vehicle	8,501 – 26,000 lbs.	\$750,000
Heavy-Duty Vehicle (CDL required)	>26,001 lbs.	\$1,000,000

Description of Operations/Locations/Vehicles (Additionally Insured):

“The Fairfax County Park Authority and the County of Fairfax, their officers, employees and volunteers are included as an additional insured with respects to the Liability Policies as required by written contract. Insurance provided is primary and non-contributory with respect to the liability policies as required by written contract. The certificate holder will receive 30 days’ notice of cancelation for any reason except non-payment of premium. Waiver of subrogation applies as per policy language.”

****PLEASE NOTE -- we cannot accept an insurance certificate unless this exact additionally insured line is added. Please present this contract to your insurance agent to ensure they are able to provide the additionally insured coverage****

Certificate Holder

Fairfax County Park Authority, Green Spring Gardens, 4603 Green Spring Road, Alexandria, VA 22312

Please upload a copy of your Insurance Certificate to your Farmspread vendor application. If necessary, you can also email a copy directly to the Farmers Market Coordinator. **All Vendor paperwork must be on file or risk being denied a space in the market.** Please contact our office if you are having trouble adding the additionally insured line to your insurance certificate.

Contact the Farmers Market Coordinator with questions.

Farmers Market Coordinator
Caroline Hockenberry
Caroline.Hockenberry@fairfaxcounty.gov
703-642-0128
www.fairfaxcounty.gov/parks/farmersmarkets

Contact the Fairfax County Risk Management team regarding additionally insured wording.

Risk Manager
Randy F. Jouben
Randy.Jouben@fairfaxcounty.gov
703-324-3599



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/01/2021

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 have ADDITIONAL INSURED provisions or 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).

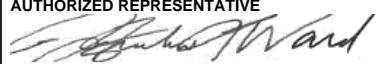
PRODUCER Insurance Corporation 170 Any Road, Suite 200 Any City, Virginia 22000	CONTACT NAME: John Doe PHONE (A/C, No, Ext): (703)555-1212 FAX (A/C, No): (703)555-1212 E-MAIL ADDRESS: info@insurance.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Any Vendors Name 4750 Main Street Fairfax, Virginia 22035	INSURER A : INSURANCE COMPANY #1 INSURER B : INSURANCE COMPANY #2 INSURER C : INSURER D : INSURER E : INSURER F :	NAIC # 99999 12345

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	CPP0820745	01/09/2021	01/09/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CAA5120963	01/09/2021	01/09/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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						PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Event or Contract
The Fairfax County Park Authority and the County of Fairfax, their officers, employees and volunteers are included as an additional insured with respects to the Liability Policies as required by written contract. Insurance provided is primary and non-contributory with respect to the liability policies as required by written contract. The certificate holder will receive 30 days' notice of cancellation for any reason except non-payment of premium. Waiver of subrogation applies as per policy language

CERTIFICATE HOLDER Fairfax County Park Authority Green Spring Gardens 4603 Green Spring Road Alexandria, Virginia 22312	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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