

TEXAS CERTIFIED FARMERS MARKET CORPORATION
STORE INSURANCE APPLICATION

Name of Association _____

Contact Name _____

Name of Member _____

Address _____

City & State _____

Telephone _____ Email _____

Name of Store _____

Address _____

City & State _____

Contact Name _____

Telephone _____ Email _____

We the undersigned being duly elected officers/directors of the above named Association, do hereby certify that _____ is currently a member in good standing and was also a member in good standing during he previous year.

Name Title

Name Title

I, _____, do hereby certify that I have had no product liability claims during the previous three years.

Please include one application and payment of \$80.00 for each producer and store to be covered, i.e., one producer who wants coverage for 2 stores must submit 2 applications and pay \$160.00.

Please return completed application and payment to: Marvin George, Jr.
2200 Lakeshore Dr
Jacksonville, TX 75766
(903)589-9292