

Dear Vendor: We welcome you to the 2026 Atlantic Highlands Farmers Market. The Borough of Atlantic Highlands requires this proof of liability insurance form - a 'COI' - in order for you to set up in the Borough's Veterans Park. Sample below. Your business insurer will be familiar with this form, and can provide it immediately. **PLEASE TELL THEM TO USE THE EXACT VERBIAGE NOTED BY RED ARROWS BELOW.** Please email your COI (or ask your insurer to email it) to the Borough at: [emerkel@ahnj.com](mailto:emerkel@ahnj.com), and copy the Chamber of Commerce at: [jann@tlcfincial.net](mailto:jann@tlcfincial.net). Thank you! Call 732-872-8711 if any questions.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
<p>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.</p> <p>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).</p>				05/28/2025		
<b>PRODUCER</b> YOUR INSURANCE COMPANY NAME		<b>CONTACT NAME:</b> YOUR INSURANCE COMPANY CONTACT INFO PHONE (A/C, No, Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
<b>INSURED</b> YOUR BUSINESS NAME AND ADDRESS		INSURER A: YOUR INSURANCE COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD W/O/D	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					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$
IN THIS SECTION, YOUR COVERAGE TYPE, POLICY NUMBER, DATES AND LIMITS						
LEAVE BLANK						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
The Borough of Atlantic Highlands is listed as an additional insured for the Farmer's Market from <b>May 29</b> to <b>September 25</b> . ↑ USE THIS VERBIAGE HERE ↑						
<b>CERTIFICATE HOLDER</b> The Borough of Atlantic Highlands 100 First Avenue Atlantic Highlands, NJ 07716				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AI: INSURANCE COMPANY REP SIGNATURE		