



NEW VENDOR OVERVIEW

Thanks for contacting us about your product(s). Our category management team reviews prospective vendors and items to see if they make sense for us. We evaluate potential sales, values alignment, logistics, product line duplication, available space, etc.

To help us evaluate product potential it's helpful for us to see:

- description of products (including ingredients & sizes available)
- what packaging material is used
- product label (all panels, including the one with UPC)
- case pack
- pricing (with freight or delivery cost if applicable)
- ordering info (minimums, delivery info, deadlines, stocking distributors, etc.)
- any special attributes, certifications, etc.

Typically, after considering the above and determining potential, we would request samples. If we decide if the products work for us (which includes determining sales potential at the price we would set to achieve our target margin, and if we have room, among other factors) we'd send our new vendor paperwork the get you set up in our accounting and POS systems, then we'd start ordering.

While we are a mature business with most display and backstock spaces already filled, we do like to be aware of what's available as we evaluate existing products' performance and make changes as we do periodic category reviews and/or respond to changes in the market.

All products for retail have to comply with FDA, FSIS, USDA and PA labelling requirements. Sometimes we can help provide resources for compliance. Vendors also need product liability insurance, for which we can also provide some guidance if needed (see sample). If your product is a beverage with any type of added sweetener, for our Philadelphia stores, you must be a registered Sweetened Beverage Tax distributor.

If you are just starting out and need help with a product launch for retail, sometimes our Retail team can provide assistance, contact them at retail@weaversway.coop.

We receive dozens of new product requests per month and cannot respond to every request.

Weavers Way Guidelines for the Certificate of Liability Insurance

For numbers 5, 6, 7, and 8 enter your policy numbers, effective dates, and expiration dates. Fill out your coverage limits. Minimum requirements for Weavers Way are listed under limits on the sample Certificate of Liability Insurance form.

- 1 Your insurance broker name and address
- 2 Contact information for your broker
- 3 Insured party – Vendor/DBA name and address
- 4 Your insurance carrier(s) and NAIC numbers
- 5 Commercial General Liability Insurance is required and based on occurrence.
- 6 Automobile Liability Insurance is required for all vendors delivering to Weavers Way locations. Please indicate type of coverage. "Any Auto" is preferred.
- 7 Indicate any Umbrella Liability coverage on an occurrence basis.
- 8 Workers Compensation and Employers Liability is required if Vendor has any employees. Indicate "Per Statute" or "Other."
- 9 This section must use this exact language: "Certificate Holder is listed as an Additional Insured on a primary and non-contributory basis."
- 10 The certificate holder must be listed as follows with this exact language including ETAL
Weavers Way Cooperative Association ETAL
559 Carpenter Lane
Philadelphia, PA 19119
- 11 Signature of Authorized Insurance Broker Representative

ACORD®		Policy Number:	Date Entered: 1/1/2015																																								
CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/1/2015																																									
<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 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>																																											
<p>PRODUCER</p> <p>1 The Iowa Group, Inc. 1104 E High Street Pottstown, PA 19464</p>	<p>CONTACT NAME: 2</p> <p>PHONE (A/C No, Ext): (610) 327-1980 FAX (A/C No): (610) 327-8267</p> <p>E-MAIL ADDRESS:</p>																																										
<p>INSURED Sample Customer</p> <p>3 1234 Any Street Anytown, PA 12345</p>	<p>INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A: A Rated or Better Carrier 4</p> <p>INSURER B:</p> <p>INSURER C:</p> <p>INSURER D:</p> <p>INSURER E:</p> <p>INSURER F:</p>																																										
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<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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL INSD</th> <th>SUBR WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>5</td> <td> 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: </td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td></td> <td> EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 </td> </tr> <tr> <td>6</td> <td> A <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS </td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td></td> <td> COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ </td> </tr> <tr> <td>7</td> <td> A <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$ </td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td></td> <td> EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ </td> </tr> <tr> <td>8</td> <td> A <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY IF PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below </td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td></td> <td> <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 </td> </tr> </tbody> </table>		INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			Policy Number			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	6	A <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	7	A <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$			Policy Number			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$	8	A <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY IF PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			Policy Number			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	REVISION NUMBER:	
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<p>10 Weavers Way Cooperative Association ETAL 559 Carpenter Lane Philadelphia, PA 19119</p>				<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p>Agent Signature 11</p>																																							

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Community-owned food markets open to everyone.
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