

Free Game Tent Vendors Application

Fishers Freedom Festival
6/25/2017



I Have Participated Before.

I Am A New Vendor.

How Many Booths Requested?

Fishers Oktoberfest@ Saxony 9/23/2017



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I Am A New Vendor.

How Many Booths Requested?

MAIL OR EMAIL TO:
Fishers Freedom Festival
P.O. Box 930
Fishers, IN 46038
(317) 595-3195 Office
(317) 595-3196 Fax
info@fishersfreedomfestival.org

This form must be completely filled out and signed and returned as soon as possible to secure your booth space. Applications will be accepted until we are full. Applications not completely filled out and signed will be returned.

Contact Person: _____

Business/Organization: _____

Mailing Address _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ Email: _____

Fishers Freedom Festival

Fishers Oktoberfest@Saxony

- I Need _____ Vendor Badges for my Staff.
- I Need _____ Vendor Car Tags for my Staff
- I Need Electricity. YES / NO YES / NO

What will the electricity be used for? _____

You must provide your own extension cords (must not be less than 12 gauges and at least 100 feet) if you need more than one outlet you must provide your own electrical multi strips (must be GFI protected).

- How long does it take you to set up your booth? _____
- Please list the Games and Prize(s) you will be providing or the Craft *(If you do not know at this time please call or fax with the information)* _____

Please remember that we have children of all ages participating in the festival. Games need to be able to entertain children ages 2 to 14. You will not be charged a booth fee to participate and you cannot charge a fee for the children to play your game.

- Please list the item you are donating to our Silent Auction _____ *(For Fishers Freedom Festival Only)*

- Value of Silent Auction Item \$ _____ I will mail the item to you by June 1st

Please pick up the silent auction item at our office _____ (when?)

I am also participating on Saturday as a Business Vendor.

- You will receive a booth number, set-up time (if applicable), a map of your booth space and a map of the park highlighting the parking area two weeks prior to the event.

LIABILITY RELEASE: I have read the rules and regulations for the Free Game Vendors and I will agree to abide by these regulations. If I fail to do so, I know that I can be asked to leave the Festival. If weather conditions become severe, I accept full responsibility for myself, my employees and/or workers. I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against the Fishers Freedom Festival, the City of Fishers, and all other parties and their representatives, successors, sponsors, and assignees for any and all injuries and all claims of damages demands and actions whatsoever which may arise as a result of participation in this event. I hereby grant full permission to any and all forgoing to use photographs, videotapes or motion pictures of this event for any purpose related to the event, future event, beneficiary or sponsor.

Signature

Date

Print Name

➤ **In the event of a weather emergency we will do our best to notify you immediately. Make sure you evacuate your booth and take cover in your vehicle or in the park building. DO NOT take shelter under a tent.**

PLEASE REVIEW HOW YOUR CERTIFICATE OF INSURANCE MUST READ.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID FISHE-6	DATE (MM/DD/YYYY) 10/05/05
PRODUCER H. J. Spier Company, Inc. 5750 Castle Creek Pkwy., #150 Indianapolis IN 46250-4359 Phone: 317-849-8800 Fax: 317-576-5058		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED NAME OF PARTICIPANT ADDRESS OF PARTICIPANT		INSURERS AFFORDING COVERAGE INSURER A: Miscellaneous Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

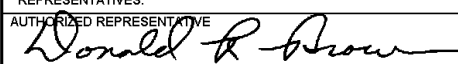
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	01/01/00	01/01/00	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	01/01/00	01/01/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

**SAMPLE OF
CERTIFICATE
WITH REQUIRED ENDORSEMENTS AND
LIMITS.**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Fishers Freedom Festival and the City of Fishers are additional insured for general liability under this policy.

CERTIFICATE HOLDER The Fishers Freedom Festival and the City of Fishers P.O. Box 930 Fishers, IN 46038	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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