

Please return completed application and suggested donation and fees to:

Cruzin' for Life, PO Box 7145, Santa Maria, CA 93456-7145

Contact Terri Hayworth regarding vendor info:

cruzinforlife@verizon.net

Fax 805-928-4647 Cell 805-478-5896

See Attached Information regarding insurance and food vendor requirements.



14th Annual Cruzin' for Life Car Show/Cancer Survivor Cruise
Friday, September 15th (6:00 to 10:00 pm) Driver's Meet 'n Greet and Survivor Car Cruise, BBQ, Entertainment
Saturday, September 16th (8:00 am to 3:00 pm) Car Show
2017 VENDOR/EXHIBITOR/CONTRACTOR/ORGANIZATION/GROUP ETC
APPLICATION AND AGREEMENT

Business Name (insurance will be in this name): _____

Owner/Contact Name (authorized contract signer): _____

Mailing Address/City/State/Zip: _____

Contact Phone #: _____ **Fax #:** _____

Email: _____ **Type of Product:** _____

CA Resale Number (required if selling product): _____ **County Health Permit (copy required)** _____

SPACE REQUIREMENT: Management assigns all spaces. Space size is approx. 10' x 10'. You must bring your own canopy/pop-ups, tables/chairs, etc.

UTILITIES: There is a \$35 charge for 110-v use. There are limited spaces with electricity available. First Come First Serve

FEE/DONATION: Cruzin' for Life is a not for profit organization so your donations are tax deductible as allowed by law. A \$25 donation is suggested. 501(c)3 80-0124040.

FOOD VENDORS: Must apply with management at the Santa Maria Fairpark. A Health Permit and/or other permits, licenses are necessary as required by the City of Santa Maria and County of Santa Barbara and the Fairpark's contract.

INSURANCE REQUIREMENTS: Sample Attached and must comply as written. Cruzin' for Life, Inc. and the Santa Maria Fairpark (37th District Agricultural Association) **DOES REQUIRE** a Certificate of Liability Insurance from your carrier. **We must receive the additional insured certificate 14 days prior to the event.** You may purchase insurance from CFL at a cost of \$40.00. Please call Terri at 805-478-5896 for insurance inquiries.

HOLD HARMLESS AGREEMENT: _____ agrees to indemnify and hold harmless Cruzin' for Life, Inc. and the 37th District Agricultural Association aka Santa Maria Fairpark, its officers, agents, employees and volunteers from all claims, suits actions, damages and causes of action, liability, defense costs, including other fees, loss or damage which Cruzin' for Life, Inc. and the Santa Maria Fairpark may incur as a result of claims, demands, costs or judgments against it, arising from the 13th Annual Benefit Event for Marian Cancer Care and the American Cancer Society. In addition, _____ agrees to provide Cruzin' for Life, Inc. a Certificate of Insurance naming Cruzin' for Life, Inc. and the 37th District Agricultural Association as an Additional Insured in an amount of not less than the maximum exposure of Cruzin' for Life, Inc. I certify all of the information contained in this application to be true and accurate to the best of my knowledge and agree to abide by all Cruzin' for Life, Inc. and the Santa Maria Fairpark's regulations.

Signed and Dated



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	ABC Insurance Company
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Must match name on contract

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE OCCURRENCE \$ PRODUCTS - COMP/OP AGG \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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			N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Make sure dates Cover event

Limits need to be EACH OCCURRENCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The State of California, The District Agricultural Association, County Fair, The County in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fruit Fair, or California Exposition and State Fair, or Entities (public or non-profit) operating California designated agricultural fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned.

CERTIFICATE HOLDER**CANCELLATION**

Fair needs to be named as certificate holder

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

Signature Required

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