

INSURED VENDORS

Please note that K&K requests all professional and non-professional food vendors to have Commercial General Liability Insurance including Products Liability coverage. If a vendor provides a current valid Certificate of Insurance, they will not need to be listed as an additional insured on the policy. However, vendors that do not provide evidence of coverage, can be listed on the “Vendors as Additional Insureds” form (or comparable form), and submitted to K&K for approval prior to the event.

Vendors selling non-food items, should also be listed on the attached form if they cannot provide evidence of coverage. Note: If not already a standard procedure, insurance requirements, should be made a part of the contract signed between the Fair and all vendor/exhibitors.

The per vendor/exhibitor cost for adding a Vendor as an Additional Insured will be:

Exhibitors	\$74 each
Non-Food Sales	\$74 each
Food Sales	\$74 each

Vendors, with more than one booth, will be charged an additional \$37 for each additional booth.

Note: Concessions/exhibits, which require K&K underwriting approval and additional premium prior to acceptance, are as follows:

Dunking Booths	Petting Zoos
Pony Rides	Game Booths

Not all vendors may qualify for this program. Below is a partial listing of ineligible vendors. All submissions are subject to underwriting:

Ear Piercing Booths	Tattoo Parlors (Permanent)
Haunted Houses	Inflatable Amusement Devices
Stroller or Wheel Chair Rentals	Exotic Animals
National Companies/Chain Stores	Metallic Balloons
Organ Grinders	Medical tests
Medical Exams	Blood tests
Liquor Stands	Mechanical Rides
Motorsports Activities	Fireworks and Weapons

FOR INFORMATION OR QUESTIONS CALL BUDDY HOLWELL AT 229-263-4136



MAIL CHECK AND APPLICATION TO:

Holwell & Fletcher Insurance

P. O. Box 192

Quitman, Georgia 31643

*No Credit Cards will be accepted.

VENDORS AS ADDITIONAL INSURED INFORMATION FORM

\$1,000,000.00 VENDOR LIABILITY LIMITS

\$74.00 FOR ONE LOCATION

\$37.00 FOR EACH SEPARATE LOCATION

Name of Insured: _____

Name of Event: _____

Dates of Event: _____

	VENDOR NAME	YEARS OF EXPERIENCE	TYPES OF FOODS OR DISPLAYS	NUMBER OF BOOTHS OR STANDS	★EVER CANCELLED/ REFUSED COVERAGE		★CLAIMS LAST THREE YEARS	
					YES	NO	YES	NO
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

★ If "YES" please explain on back of form. If additional space is needed please attach additional sheets with this form.

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

DATE

SIGNATURE OF INSURED

TITLE

1131 11/03