



WINTER WONDERLAND

Saturday, December 10th, 2016 • 9:00 AM – 1:00 PM
Heritage Park • 5001 Via de Mansion, La Verne

BOOTH APPLICATION

DEADLINE: THURSDAY, DECEMBER 1ST

FOR - PROFIT • \$55 NON – PROFIT • \$30 ALL SPACES ARE 10' X 10'

Company Name: _____

Contact Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (W): _____ Phone (C): _____

Please provide specific description of food and sale item types to help prevent duplication. No duplicate requests will be allowed with the exception of soft drinks, coffee, and water.

Type of items sold: _____

Price range of items sold: _____

How did you hear about this event? _____

INSURANCE IS MANDATORY for Food, Animal, & Ride Vendors. Each vendor must provide proof of general liability insurance with a minimum \$1,000,000.00 limit. A copy of the certificate of insurance and endorsement naming the City of La Verne as additionally insured along with the endorsement page is required. Please see attached example.

Tables, tents, canopies, and electricity are not provided at this event. Booths using generators need to make sure they provide mats to cover cords.

Submit Application to:
City of La Verne
Community Services Department
ATTN: Jennee Cubak
3660 "D" Street
La Verne, CA 91750

Payments by check or money order can be made out to:
"City of La Verne"

Questions? Call (909) 596 - 8776

Please note that applications are considered complete when we have received your application, payment, waiver form, and insurance where applicable.

FOR OFFICE USE ONLY

Date Received: _____ Payment Amount: _____ Payment Method: _____

Received By: _____ Booth Number Assigned: _____

Day of Packet Sent



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BOOTH WAIVER OF LIABILITY

I, _____, on behalf of _____, hereinafter referred to as a
"vendor/entertainer" agree:

In consideration of the participation in the Winter Wonderland as vendor/entertainer, I agree to indemnify and hold harmless the City of La Verne, and their officers, agents, representatives, employees, and or volunteers from any loss and/or liability, including expenses and costs, that may result from any injuries or death or damage to or loss of property that might be sustained while participating in such activities whether such death, injury, damage or loss is caused by passive or active negligence, omission or any other cause attributable to the City of La Verne, and their officers, agents, representatives, employees, and/or volunteers. **It is further understood that this indemnification is extended to include claims against the City of La Verne, their officers, agents, representatives, employees or volunteers filed by agents of vendor/entertainer or third party recipients of products or services provided by vendor/entertainer.**

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF LA VERNE, ITS OFFICERS, EMPLOYEES, AND AGENTS AND I SIGN IT OF MY OWN FREE WILL.

Vendor's Signature: _____ Date: _____



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	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 SUBR INSR Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER **CANCELLATION**

City of La Verne Its Elected Officials, Employees and/or Agents 3660 "D" Street La Verne, CA 91750	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
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of La Verne, its elected officials, employees and or agents

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.