

# CAMP VERDE PROMOTIONS

PO Box 1970, Camp Verde, AZ 86322 928-301-0922 Fax 928-567-2282 [questions@campverdepromotions.org](mailto:questions@campverdepromotions.org)

Presents

## Camp Verde Cornfest and Fort Verde Days

July 19 – 20, 2013

October 11, 12 & 13, 2013

## Exhibitor/Vendor Information, Terms & Conditions

You may register for both the Cornfest and Fort Verde Days at the same time.

Please indicate the event(s) on the applicable Registration Form.

**You may complete these forms on line, then print and mail them to Camp Verde Promotions**

**Incomplete registrations and incomplete required forms will be returned.**

Our events are open to all artists, craftspeople, and food and beverage vendors. We strive to have no duplicate booths. Paid registration is on a first come, first serve basis. We reserve the right to refuse an application based on our judgment concerning quality and content as well as any items that do not meet our event standards. Please note that preference will be given to custom made and hand crafted items made by the vendors themselves.

**EVENT LOCATION:** Camp Verde Community Center, 395 S. Main Street, Camp Verde, AZ, and the adjoining soccer field behind the Ramada and next to Fort Verde State Historic Park.

**FORMS** **Please complete ONLY THOSE FORMS NEEDED depending on your vendor status:**

**REQUIRED:** **EXHIBITOR/VENDOR** – Signed Exhibitor/Vendor Information, Terms & Conditions, **Pgs. 1 & 2**  
Exhibitor/Vendor Registration, **Pgs. 3 & 4**

**FOOD/BEVERAGE VENDOR** – Signed Exhibitor/Vendor Information, Terms & Conditions, **Pgs. 1 & 2**  
Food/Beverage Vendor Registration, **Pgs. 5 & 6**

**NON-PROFIT VENDOR** – Signed Exhibitor/Vendor Information, Terms & Conditions, **Pgs. 1 & 2**  
Non-Profit Vendor Registration, **Pgs. 7 & 8**

**In addition to the above forms, ALL VENDORS are required to have:**

**Certificate of Insurance and Additional Insured Endorsement (see pgs. 11 & 12) – These forms must be received from your insurance agent at least 10 days prior to the event, or vendor application will be denied.**

**Camp Verde Business License/Special Event Vendor License Form** - download:

<http://www.campverde.az.gov/wp-content/uploads/2010/07/BL-TEMPLATE-07-2013.pdf>

(Fill out this form on line, then print and send it to Camp Verde Promotions with your other forms and fees.)

This form needs to be completed **only once**, then a business or special event license number will be issued. You will only need your business/special event license number for future events unless your information changes. Fees are still applicable.

**Explanation: Camp Verde Business License** - \$50 first year, \$15.00 subsequent years. The business license allows you to participate in all events on Town property; however, you must still obtain a Special Event Vendor Permit from the Town of Camp Verde (fee waived). If registering for both the Cornfest and Fort Verde Days, it would be less expensive to purchase a business license and have the ability to participate in other Town events and pay only \$15.00 for a business license the next year.

**Camp Verde Special Event Vendor License** - \$25 per event.

**INSURANCE REQUIREMENTS:** A Certificate of Insurance and Additional Insured Endorsement are required. **See Pgs. 9-14** for insurance information. Vendors without insurance coverage may make arrangements with Camp Verde Promotions for blanket coverage for an additional fee of \$40 per event. Vendors will NOT be allowed without insurance.

**STATE TPT NUMBER** (transaction privilege tax): All Exhibitor/Vendors are required to provide their State TPT Number and are expected to collect and pay the 9.35% sales tax.

- BOOTH HOURS: Booths are required to remain open during the entire event.
- SET UP & HOURS: CORNFEST: Vendors may begin setting up at 8:00AM the first day of the event and are expected to be set up one hour prior to the opening of the event. Event begins at 3PM on Friday, July 19. Event hours are Friday 3-10PM, and Saturday 9AM-10PM.
- FORT VERDE DAYS: Vendors may begin setting up at 10:00AM, Friday, October 11<sup>th</sup> and must be finished by 4:00PM; vendors have the option to open. Event begins at 7:00AM Saturday, October 12th with the Kiwanis Breakfast. Event hours are Saturday 7AM-9PM, and Sunday, 9AM-4PM.
- TEAR DOWN: Vendors may begin tear down at the conclusion of the event. Early tear down is not permitted unless approved by Camp Verde Promotions.
- ELECTRICITY: Electricity is available for an additional fee of \$25.00 per event. We have limited access so reserved electrical hook-up will be in order of receipt of paid registration. Please bring your own extension cords. Generators are allowed but must be quiet.
- SECURITY DEPOSIT: There is a \$100.00 refundable security deposit per event required for profit vendors and a \$50.00 refundable security deposit per event for non-profit vendors. Your security deposit will be refunded if you (1) adhere to the scheduled set-up and tear down, (2) remain open the hours required, (3) leave your area clean of all boxes and trash, and (4) deposit all trash in the trash receptacles.
- LIABILITY: Camp Verde Promotions and the Town of Camp Verde are not responsible for any loss or damage to your property in any form before, during, or after the event.
- SECURITY: Security will be provided in the areas of the event.
- CANCELLATION: All cancellations must be made in writing, either by mail or by fax.
- REFUND: A 100% refund will be given if proper notification is received 20 days PRIOR to the event. A 50% refund will be given with a 10 day notification PRIOR to the event. No refund will be given thereafter.

**\*KEEP A COPY OF THIS FORM FOR YOUR INFORMATION\***

Please mail required forms (see bottom of applicable registration form) and check to:  
Camp Verde Promotions, PO Box 1970, Camp Verde, AZ 86322

I Agree: I have read and agree to abide by the guidelines set forth by Camp Verde Promotions.  
I understand Camp Verde Promotions can deny my participation for any reason.

Signature\_\_\_\_\_Date\_\_\_\_\_

If you are an **Exhibitor/Vendor** please fill out and mail pages 3 & 4.

**(Don't forget that you will also need to fill out and mail pages 1 & 2)**

### **CAMP VERDE PROMOTIONS – EXHIBITOR/VENDOR REGISTRATION**

All registrations are due 15 days prior to event. If you register 45 days prior to the event (see dates below) there is a \$25.00 discount per event. You may register for both events at the same time. No registrations accepted within 14 days of the event (see dates below).

I would like to register for:

\_\_\_\_\_ Cornfest – early registration ends June 4<sup>th</sup>. Regular registration ends July 5<sup>th</sup>.

\_\_\_\_\_ Fort Verde Days – early registration ends August 28<sup>th</sup>. Regular registration ends September 28<sup>th</sup>.

#### **VENDOR FEES:**

##### **CORNFEST**

\_\_\_\_\_ 1 space (12' x 12') \$100 \$ \_\_\_\_\_

\_\_\_\_\_ 2 spaces (12' x 24') \$175 \$ \_\_\_\_\_

\_\_\_\_\_ 3 spaces (12' x 36') \$225 \$ \_\_\_\_\_

##### **FORT VERDE DAYS**

\_\_\_\_\_ 1 space (12' x 12') \$125 \$ \_\_\_\_\_

\_\_\_\_\_ 2 spaces (12' x 24') \$225 \$ \_\_\_\_\_

\_\_\_\_\_ 3 spaces (12' x 36') \$350 \$ \_\_\_\_\_

Electrical Fee (if needed) \$25 per event \$ \_\_\_\_\_

Camp Verde Promotions Blanket Insurance (if needed) \$40 per event–See Pg. 9 \$ \_\_\_\_\_

\*Business License (\$50)/Special Event Vendor License (\$25) \$ \_\_\_\_\_

\* Download this form <http://www.campverde.az.gov/wp-content/uploads/2010/07/BL-TEMPLATE-07-2013.pdf>

\* Complete, print, and mail the form to Camp Verde Promotions

SECURITY DEPOSIT per event See Pg. 2 \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Subtract discount for early registration per event (see dates above) \$ \_\_\_\_\_

\*Business License # \_\_\_\_\_ Special Event License # \_\_\_\_\_

**PLEASE ISSUE ONE CHECK ONLY MADE PAYABLE TO CAMP VERDE PROMOTIONS**

TOTAL AMOUNT DUE \$ \_\_\_\_\_

## CAMP VERDE PROMOTIONS – EXHIBITOR/VENDOR REGISTRATION

Vendor Name \_\_\_\_\_

Company \_\_\_\_\_

E-Mail \_\_\_\_\_

State TPT (transaction privilege tax) Number \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe your work or product. We strive to have only one of a kind booths.

Will you be putting up a shade tent or trailer? Yes \_\_\_\_\_ No \_\_\_\_\_ NO STAKES are to be driven into the ground. Please use a heavy duty weight as a tie down; we can have severe winds. Tie downs must be contained within your space. YOU MUST STAY WITHIN YOUR SPACE!

Electrical hook-ups are very limited for an extra \$25.00 Fee per event.

Do you need electric hook-up? Yes \_\_\_\_\_ No \_\_\_\_\_ Amps Needed \_\_\_\_\_ What will the electricity be used for? \_\_\_\_\_

Will you be bringing a generator? Yes \_\_\_\_\_ No \_\_\_\_\_ It MUST be quiet so as not to disturb your neighbors.

INSURANCE – We must have complete insurance information or your vendor application will be denied.

INSURANCE AGENT \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

See Pgs. 9-14 for Insurance Requirements and Information. Your insurance agent is required to send the Certificate of Insurance and Additional Insured Endorsement to Camp Verde Promotions no later than 10 days prior to the event or your application will be denied. Vendors using Camp Verde Promotions Blanket Insurance Coverage must remit the additional fee of \$40.00 per event for coverage.

### CHECKLIST: Please review and mail - -

1. signed Exhibitor/Vendor Information form to:
2. completed Exhibitor/Vendor Registration Form to:
3. download Business License/Special Event Vendor License form, complete, print, and mail to:
4. mail written request for Camp Verde Promotions Blanket Insurance Coverage (if needed) to:
5. mail payment to:

Camp Verde Promotions, PO Box 1970, Camp Verde AZ 86322.

If you have any questions please call 928-592-9137 or 928-300-0179. Thank you. We look forward to seeing you!

Date Registration Received \_\_\_\_\_

If you are a **Food/Beverage Vendor** please fill out and mail pages 5 & 6.

**(Don't forget that you will also need to fill out and mail pages 1 & 2)**

## CAMP VERDE PROMOTIONS – FOOD/BEVERAGE VENDOR REGISTRATION

All registrations are due 15 days prior to event. If you register 45 days prior to the event (see dates below) there is a \$25.00 discount per event. You may register for both events at the same time. No registrations accepted within 14 days of the event (see dates below).

I would like to register for:

\_\_\_\_ Cornfest – early registration ends June 4<sup>th</sup>. Regular registration ends July 5<sup>th</sup>.

\_\_\_\_ Fort Verde Days – early registration ends August 28<sup>th</sup>. Regular registration ends September 28<sup>th</sup>.

### VENDOR FEES:

#### CORNFEST

\_\_\_\_ 1 space (12' x 12') \$100 \$ \_\_\_\_\_

\_\_\_\_ 2 spaces (12' x 24') \$175 \$ \_\_\_\_\_

\_\_\_\_ 3 spaces (12' x 36') \$225 \$ \_\_\_\_\_

#### FORT VERDE DAYS

\_\_\_\_ 1 space (12' x 12') \$125 \$ \_\_\_\_\_

\_\_\_\_ 2 spaces (12' x 24') \$225 \$ \_\_\_\_\_

\_\_\_\_ 3 spaces (12' x 36') \$350 \$ \_\_\_\_\_

Electrical Fee (if needed) \$25 per event \$ \_\_\_\_\_

Camp Verde Promotions Blanket Insurance (if needed) \$40 per event-See Pg. 9 \$ \_\_\_\_\_

\*Business License (\$50)/Special Event Vendor License (\$25) \$ \_\_\_\_\_

\* Download this form <http://www.campverde.az.gov/wp-content/uploads/2010/07/BL-TEMPLATE-07-2013.pdf>

\*Complete, print and mail the form to Camp Verde Promotions

SECURITY DEPOSIT per event See Pg. 2 \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Subtract discount for early registration per event (see dates above) \$ \_\_\_\_\_

\*Business License # \_\_\_\_\_ Special Event License # \_\_\_\_\_

**PLEASE ISSUE ONE CHECK ONLY MADE PAYABLE TO CAMP VERDE PROMOTIONS**

TOTAL AMOUNT DUE \$ \_\_\_\_\_

## CAMP VERDE PROMOTIONS – FOOD/BEVERAGE VENDOR REGISTRATION

**Food vendors MUST contact the Yavapai County Health Dept. three weeks prior to the event for a temporary permit (928-639-8138). You will be required to show your permit before you are allowed to set up.**

Vendor Name \_\_\_\_\_

Company \_\_\_\_\_

E-Mail \_\_\_\_\_

State TPT (transaction privilege tax) Number \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe the foods/beverages you will be serving. We strive to have only one of a kind booths.

\_\_\_\_\_  
\_\_\_\_\_

Will you be putting up a shade tent or trailer? Yes\_\_\_\_\_ No\_\_\_\_\_ NO STAKES are to be driven into the ground. Please use a heavy duty weight as a tie down; we can have severe winds. Tie downs must be contained within your space. PLEASE DIAGRAM ON THE BACK THE SET UP FOR YOUR BOOTH. INDICATE THE FRONT, WINDOWS AND COUNTERS THAT NEED ACCESS. YOU MUST STAY WITHIN YOUR SPACE!

Electrical hook-ups are very limited for an extra \$25.00 Fee per event.

Do you need electric hook-up? Yes\_\_\_\_\_ No\_\_\_\_\_ Amps Needed\_\_\_\_\_ What will the electricity be used for? \_\_\_\_\_

Will you be bringing a generator? Yes\_\_\_\_\_ No\_\_\_\_\_ It MUST be quiet so as not to disturb your neighbors.

**INSURANCE – We must have complete insurance information or your vendor application will be denied.**

INSURANCE AGENT \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

See Pgs. 9-14 for Insurance Requirements and Information. **Your insurance agent** is required to send the Certificate of Insurance and Additional Insured Endorsement to Camp Verde Promotions no later than 10 days prior to the event or your application will be **denied**. Vendors using Camp Verde Promotions Blanket Insurance Coverage must remit the additional fee of \$40.00 per event for coverage.

### **CHECKLIST: Please review and mail - -**

1. signed Exhibitor/Vendor Information form to:
2. completed Food/Beverage Registration Form WITH YOUR SPACE DIAGRAM to:
3. download Business License/Special Event Vendor License Form, complete, print, and mail to:
4. mail written request for Camp Verde Promotions Blanket Insurance Coverage (if needed) to:
5. mail payment to:

Camp Verde Promotions, PO Box 1970, Camp Verde AZ 86322

If you have any questions please call 928-592-9137 or 928-300-0179. Thank you. We look forward to seeing you!

Date Registration Received \_\_\_\_\_

If you are a **NON-PROFIT VENDOR** please fill out and mail pages 7 & 8.

**(Don't forget that you will also need to fill out and mail pages 1 & 2)**

### CAMP VERDE PROMOTIONS - NON-PROFIT VENDOR REGISTRATION

All registrations are due 15 days prior to event. You may register for both events at the same time.

No registrations accepted within 14 days of the event (see dates below).

I would like to register for:

\_\_\_\_ Cornfest – Registration ends July 5<sup>th</sup>.

\_\_\_\_ Fort Verde Days – Registration ends September 28<sup>th</sup>.

#### VENDOR FEES:

##### CORNFEST

\_\_\_\_ 1 space (12' x 12')      \$15      \$\_\_\_\_\_

\_\_\_\_ 2 spaces (12' x 24')      \$30      \$\_\_\_\_\_

\_\_\_\_ 3 spaces (12' x 36')      \$45      \$\_\_\_\_\_

##### FORT VERDE DAYS

\_\_\_\_ 1 space (12' x 12')      \$15      \$\_\_\_\_\_

\_\_\_\_ 2 spaces (12' x 24')      \$30      \$\_\_\_\_\_

\_\_\_\_ 3 spaces (12' x 36')      \$45      \$\_\_\_\_\_

Electrical Fee (if needed) \$25 per event      \$\_\_\_\_\_

Camp Verde Promotions Blanket Insurance (if needed) \$40 per event–See Pg. 9      \$\_\_\_\_\_

\*Business License # \_\_\_\_\_ Special Event License # \_\_\_\_\_

\*Business License/Special Event Vendor License Form      \$      0

\* Download this form <http://www.campverde.az.gov/wp-content/uploads/2010/07/BL-TEMPLATE-07-2013.pdf>

\*Complete, print, and mail the form to Camp Verde Promotions

SECURITY DEPOSIT per event See Pg. 2      \$\_\_\_\_\_

**PLEASE ISSUE ONE CHECK ONLY MADE PAYABLE TO CAMP VERDE PROMOTIONS**

TOTAL AMOUNT DUE \$\_\_\_\_\_

## CAMP VERDE PROMOTIONS – NON-PROFIT VENDOR REGISTRATION

Non-Profit Vendors must provide their Tax ID number.

Vendor Name \_\_\_\_\_

Company \_\_\_\_\_

E-Mail \_\_\_\_\_

Tax ID Number \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe the Art/Craft/Game, etc. your space will be used for. We strive to have only one of a kind booths.

\_\_\_\_\_  
\_\_\_\_\_

Will you be putting up a shade tent or trailer? Yes \_\_\_\_\_ No \_\_\_\_\_ NO STAKES are to be driven into the ground. Please use a heavy duty weight as a tie down; we can have severe winds. Tie downs must be contained within your space.

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Do you need electric hook-up? Yes \_\_\_\_\_ No \_\_\_\_\_ Amps Needed \_\_\_\_\_ What will the electricity be used for? \_\_\_\_\_

Will you be bringing a generator? Yes \_\_\_\_\_ No \_\_\_\_\_ It MUST be quiet so as not to disturb your neighbors.

**INSURANCE – We must have complete insurance information or your vendor application will be denied.**

INSURANCE AGENT \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

See Pgs. 9-14 for Insurance Requirements and Information. **Your insurance agent** is required to send the **Certificate of Insurance and Additional Insured Endorsement** to Camp Verde Promotions no later than 10 days prior to the event or your application will be **denied**. Vendors using Camp Verde Promotions Blanket Insurance Coverage must remit the additional fee of \$40.00 per event for coverage.

### **CHECKLIST: Please review and mail - -**

1. signed Exhibitor/Vendor Information form to:
2. completed Non-Profit Registration Form to:
3. download Business License/Special Event Vendor License Form, complete, print and mail to:
4. mail written request for Camp Verde Promotions Blanket Insurance Coverage (if needed) to:
5. mail payment to:

Camp Verde Promotions, PO Box 1970, Camp Verde AZ 86322

If you have any questions please call 928-592-9137 or 928-300-0179. Thank you. We look forward to seeing you!

Date Registration Received \_\_\_\_\_

## INSURANCE INFORMATION

**Event Location:** Camp Verde Community Center  
395 S. Main St.  
Camp Verde, AZ 86322

**Named Insured:** Town of Camp Verde and  
Camp Verde Promotions

## INSURANCE REQUIREMENTS

Provide **BOTH** a valid signed Certificate of Insurance **AND** Endorsement of Additional Insured with the following:

- Issued by an insurance company with an A. M. Best rating of A or greater.
- General liability insurance of at least \$1,000,000 per occurrence and \$1,000,000 aggregate for claims.
- The certificate must name the Town of Camp Verde and Camp Verde Promotions as additional insured. The language for the “description of operation” section should read as follows: **The Town of Camp Verde and Camp Verde Promotions named as additional insured for all events on Town Premises.** Please notify your insurance agent that **their form must use this EXACT verbiage, otherwise it will be rejected by the Town of Camp Verde.**

Certificate holder should be: Camp Verde Promotions  
P O Box 1970  
Camp Verde, AZ 86322

Please see the following insurance information and sample Certificate of Liability Insurance and Additional Insured-Designated Person or Organization endorsement to assist you. The sample Certificate contains only the required fields. Your certificate may have those fields plus additional fields to reflect your coverage. The sample Endorsement page may not be the form used by your insurance company as they come in a variety of forms. Please show these samples to your insurance agent.

**NOTE:** Vendors without insurance coverage may make arrangements with Camp Verde Promotions for blanket coverage for an additional fee of \$40 per event. This request must be made in writing. Camp Verde Promotions can deny blanket coverage for any reason if deemed necessary.

**Vendors will NOT be allowed without insurance.**



## Town of Camp Verde

### Gateway to the Verde Valley

◆ 473 S. Main Street, Suite 102 ◆ Camp Verde, Arizona 86322 ◆

◆ Telephone: 928.567.6631 ◆ Fax: 928.567.9061 ◆

◆ [www.campverde.az.gov](http://www.campverde.az.gov) ◆

*The Town of Camp Verde needs Certificate of Liability Insurance (COI) and Endorsements as they are documents that protect Town funds/taxpayers money.*

The purpose of a COI is to provide a thumbnail view (from the Insurance Agent) of the coverage that was provided to the insured by the insurance company. The purpose of the endorsements is to validate that the insurance protection stated on the COI is also provided in the insurance policy.

The following verbiage in the COI references the requirement for an endorsement in order for the Certificate Holder to retain their rights to indemnification.

**Across the top 1<sup>st</sup> box:**

***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 AFFORED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.***

**Across the top 2nd box:**

***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 endorsements.***

In summary, because of the verbiage in a COI both a *Certificate of Liability Insurance (COI) and Endorsements* will be requested when the Town is allowing Special Event Sponsors, Co-sponsors, vendors and Volunteer Organizations to utilize Town premises or when hiring a contractor, professional services, or a general services vendor, etc.

If you have questions, comments or concerns regarding the aforementioned information, please contact me via the information below.

Carol Brown  
Risk Manager/Administrative Assistant to the Town Manager  
(928) 567-6631 x 106  
Fax: 928.567.8291  
[carol.brown@campverde.az.gov](mailto:carol.brown@campverde.az.gov)



Handicap Relay: 711 or Voice: 1-800-842-4681 TTD: 1-800-367-8939





# VENDOR SAMPLE

## CERTIFICATE OF LIABILITY INSURANCE (COI)

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).

<b>PRODUCER</b>  Agent's Name Address Phone Number	<b>CONTACT</b> NAME: PHONE (A/C No. EXT):      FAX (A/C No.): E-MAIL: ADDRESS:  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: <b>Note: Town of Camp Verde Requires</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>an AM Best rating of A- or better</b></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Note: Town of Camp Verde Requires</b>		INSURER B: <b>an AM Best rating of A- or better</b>		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Note: Town of Camp Verde Requires</b>															
INSURER B: <b>an AM Best rating of A- or better</b>															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b>  Your Name Include DBA if Applicable Address															

**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.

INER LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input 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 checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC		Current Policy Number	Policy must be in effect for the entire period.	If policy expires during the period, we need a NEW certificate of insurance prior to expiration date.	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (2a occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>1,000,000</b> PRODUCTS - COMMODITY AGG \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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 (2a BODILY INJURY) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIA</b> <input type="checkbox"/> OCCUR <b>EXCESS LIA</b> <input type="checkbox"/> CLAIMS MADE CED <input type="checkbox"/> RETENTION:					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in AZ) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> COTED <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - SA EMPLOYED \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 191, Additional Remarks Schedule, if more space is required)

**Town of Camp Verde and Camp Verde Promotions must be named as additionally insured for all events on Town of premises. Endorsement relative to the additional insured status must be attached/included with COI**

**CERTIFICATE HOLDER**
**CANCELLATION**

 Camp Verde Promotions  
 PO Box 1970  
 Camp Verde AZ 86322

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **Must have 30 Day Notice**

**\* DO NOT ADD ATTENTION TO A PERSON**

AUTHORIZED REPRESENTATIVE

**Must be Signed**

# SAMPLE ONLY

## COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED-DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provide under the following:

COMMERICAL GENERAL LIABILITY COVERAGE PART.

#### SCHEDULE

Name of Additional Insured Person(s) or Organization(s)	
<b>Town of Camp Verde</b> <b>473 S. Main Street</b> <b>Camp Verde, Az. 86322</b>	<b>AND</b> <b>Camp Verde Promotions</b> <b>P.O. Box 1970</b> <b>Camp Verde, Az. 86322</b>
Information required to complete this Schedule, if not shown above will be shown in the Declarations.	

**THE INFORMATION SHOWN ABOVE MUST BE COMPLETED EXACTLY AS SHOWN ON THIS FORM. THE TOWN WILL NOT ACCEPT ANY OTHER WORDING!**

- A. SECTION II-WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule but only with respect to liability for "bodily injury", "property damage", "personal injury" or "advertising injury" caused, in whole or in part, by your acts of omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations:  
or
  2. In connection with your premises owned by or rented to you.

- B. The following is added to SECTION III LIMITS OF INSURANCE:
- The limits of liability for the additional insured are those specified in the written contract or agreement between the insured and the designated person or organization, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declaration.



Administrative Offices  
580 Walnut Street  
Cincinnati, Ohio 45202  
Tel: 1-513-369-5000

Sample

CG 86 79  
(Ed. 06 01)

### BLANKET ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

LIQUOR LIABILITY COVERAGE FORM - with respects to event

Who Is An Insured (Section II.) is amended to include as an Insured any person or organizations (called Additional Insured) whom you are required to add as an Additional Insured on this policy under:

1. a written contract or agreement; or
- \* 2. an oral agreement or contract where a certificate of insurance showing that person or organization as an Additional Insured has been issued; but the written or oral contract or agreement must be:
  - A. currently in effect or becoming effective during the term of this policy; and
  - B. executed prior to the "bodily injury," "property damage," "personal injury," or "advertising injury."

The insurance provided to the Additional Insured is limited as follows:

1. That person or organization is only an Additional Insured with respect to liability arising out of:
  - A. premises you own, rent, lease or occupy; or
  - B. "your work" for that Additional Insured by or for you.
2. The Limits of Insurance applicable to the Additional Insured are those specified in the written contract or agreement or in the declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the declarations.

The insurance provided to the Additional Insured does not apply to "bodily injury," "property damage," "personal injury" or "advertising injury" arising out of an architect's, engineer's or surveyor's rendering or failure to render any professional services including:

1. the preparing, approving or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, design or specifications; and
2. supervisory, inspection or engineering services.

Any coverage provided hereunder shall be excess over any other valid and collectible insurance available to the Additional Insured whether primary, excess, contingent or on any other basis unless a written contract, executed prior to the date of loss, specifically requires that this insurance be primary or you request that it apply on a primary basis.

All other terms, conditions, limitations and exclusions of this policy are unchanged and applicable.

Policy # C

COPY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN  
REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

A. Paragraph 2. under **Section II – Who Is An Insured** is amended to include as an additional insured any person or organization when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured that are the subject of the written contract or agreement provided that the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" is committed, subsequent to the execution of such contract.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

We have no duty to defend an additional insured under this endorsement until we receive written notice of a claim or "suit" as required in provision b. of Condition 2, **Duties in the Event Of Occurrence, Offense, Claim Or Suit** under **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury" or "property damage" arising from the sole negligence of the additional insured.
2. "Bodily injury" or "property damage" that occurs prior to you commencing operations at the location where such "bodily injury" or "property damage" occurs.
3. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.
4. "Bodily injury" or "property damage" occurring after:
  - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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