



LindenHurst Chamber of Commerce

PO Box 323 • LindenHurst, New York 11757-0323
(631) 226-4641 • www.LindenHurstChamber.org

VENDOR APPLICATION **SPRINGFEST 2019**

TO BE HELD ON:
SUN. MAY 5, 2019, 12 NOON – 5PM
SET-UP STARTS AT 10:30AM

[PLEASE PRINT]

Vendor's Name _____

Street/Mailing Address _____

City _____ State _____ Zip Code _____

Contact Name _____

Home Telephone # _____ Cell Phone# _____

Email _____ Website _____

Type of Item(s) to be sold _____

Vendor Signature _____ Date _____

NOTE THE FOLLOWING:

- **Please sign and return with full payment by April 1, 2019.**
- **Please make checks payable to: LindenHurst Chamber of Commerce**
- **You may also pay online at www.lindenhurstchamber.org by selecting SPRINGFEST – on the Home Page**
- **SpringFest Committee Reserves the right to reject any application for any reason.**
- **NO REFUNDS, UNLESS AN APPLICATION IS REJECTED.****

PLEASE REFER TO THE INFORMATION SHEET ON THE BACK OF YOUR LETTER
FOR ALL INFORMATION, RESTRICTIONS, AND REQUIREMENTS.

VENDOR INSURANCE & INDEMNIFICATION

Dear Vendor,

These are the insurance requirements that have been set forth by our Insurance Company.

PART 1 – INSURANCE:

A) Please select appropriate box/column below:

I DO have Insurance, and Workers Compensation Certification (*please enclose certificates, & sign)	
GROUP A	
YES - I DO have Insurance, & Workers Compensation Certification *copies enclosed.	YES <input type="checkbox"/>
_____ Signature Of/For Vendor	
_____ Print Name & Title	
_____ Dated	

I DO NOT have Insurance and/or Workers Compensation (*please proceed to sign)	
GROUP B	
NO - I DO NOT have Insurance, &/or Workers Compensation Certification.	NO <input type="checkbox"/>
_____ Signature Of/For Vendor	
_____ Print Name & Title	
_____ Dated	

For those with insurance: This original form must be completed, and returned with required original certificates of insurance.

B) Attach Certificate of General Liability Insurance

Limits of Liability: \$1,000,000 occurrence / \$2,000,000 aggregate
 Name as Additional Insured: Lindenhurst Chamber of Commerce
 Incorporated Village of Lindenhurst

PART 2 – INDEMNIFICATION:

C) Indemnification:

The Vendor, _____, shall indemnify and hold harmless the Lindenhurst Chamber of Commerce & the Incorporated Village of Lindenhurst against any claims, damages, losses, and expenses, including legal fees, arising out of resulting from Vendor to the extent caused in whole or in part by the Vendor or anyone directly or indirectly employed by the vendor.

Signature Of/For Lindenhurst Chamber of Commerce

Signature Of/For Vendor

Print Name & Title

Print Name & Title

Dated

Dated