



## ***LindenHurst Chamber of Commerce***

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

---

# **VENDOR APPLICATION** **SPRINGFEST 2017**

TO BE HELD ON:  
SUN. MAY 7 2017, 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, 2017.**
- **Please make checks payable to: LindenHurst Chamber of Commerce**
- **You may also pay online at [www.lindenhurstchamber.org](http://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)	
<b>GROUP A</b>	
<b>YES - I DO have Insurance, &amp; Workers Compensation Certification</b> *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)	
<b>GROUP B</b>	
<b>NO - I DO NOT have Insurance, &amp;/or Workers Compensation Certification.</b>	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