

Event Vendor Insurance Requirements and Options

These are the insurance requirements that have been set by our Insurance Company. They need to be met 30 days prior to the commencement of the event.

This original form must be complete, signed, dated and returned with the required original certificate(s) of insurance.

A) If you do not have insurance and would like to get a quote in order to be included on the master event insurance policy, please initial here \_\_\_\_\_

B) If you have your own insurance, please follow the steps below and provide coverage.

1. Applicable to all vendors  
General Liability Limits \$1,000,000 Occurrence/\$2,000,000 Aggregate
2. If you do not use a motor vehicle as part of your operations, please initial \_\_\_\_\_  
Commercial Auto Insurance Limit \$1,000,000
3. If you do not serve alcohol as part of your operations, please initial \_\_\_\_\_  
Liquor Liability Insurance Limit \$1,000,000
4. Name as Additional Insured on all applicable coverages above:  
Lindenhurst Chamber of Commerce, PO Box 323 Lindenhurst, NY 11757  
and the Inc Village of Lindenhurst, 430 S Wellwood Ave Lindenhurst NY 11757
5. If you do use employees/volunteers as part of your operation, please initial \_\_\_\_\_  
Workers' Compensation Limits \$1,000,000/\$1,000,000/\$1,000,000

C) Indemnification, applicable to all vendors, please fill in your name and sign below.

The Vendor, \_\_\_\_\_ shall indemnify and hold harmless the Lindenhurst Chamber of Commerce, the Inc Village of Lindenhurst and any associates of the same against any claims, damages, losses, and expenses, including legal fees, arising out of or resulting from performance of the Vendor to the extent caused in whole or in part by the Vendor or anyone directly or indirectly employed by or volunteering for the Vendor.

\_\_\_\_\_  
Signature Event Authority

\_\_\_\_\_  
Signature Vendor

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated

Event Vendor

Dear Vendor

These are the insurance requirements that have been set by our Insurance Company. They need to be met prior to the commencement of the event

This original form must be complete, signed, dated and returned with the required original certificates of insurance.

mandatory \*1. General Liability Limits \$1,000,000 Occurrence/2,000,000 Aggregate

Name as Additional Insured: Your Name  
Your Address  
Your Address

Lindenhurst Chamber  
of Commerce  
↓  
INC. Village of  
Lindenhurst

if applicable \*2. Commercial Auto Insurance Limit \$1,000,000

if applicable \*3. Liquor Liability Insurance Limit \$1,000,000

if applicable \*4. Workers' Compensation Limits \$1,000,000/\$1,000,000/\$1,000,000

mandatory \*5. Indemnification

The Vendor, \_\_\_\_\_ shall indemnify and hold harmless (Your Name) and Owner's against any claims, damages, losses, and expenses, including legal fees, arising out of or resulting from performance of contracted work to the extent caused in whole or in part by the Subcontractor or anyone directly or indirectly employed by the Subcontractor.

\_\_\_\_\_  
Signature Event Authority

\_\_\_\_\_  
Signature Vendor

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated