



Commercial Vendor Application - 2024

Thank you for your interest in becoming a commercial vendor at the Johnson County Fair, July 14-20, 2024. Please make sure you read and understand the Vendor Guidelines prior to filling out the application. ALL vendors must include 5 photos (4 of product, 1 of logo) if applying to sell product, (1 photo of logo) if applying for advertising purposes. All photos should be sent electronically to the Fairboard Commercial Superintendent Rob Souchon at commercial@jocofairin.com

VENDOR RULES

- Balance of Contract is due June 1, 2024. No space will be assigned until payment in full has been received with required documentation. **Checks should be made payable to "Johnson County Fair Association". If paying by credit card, please contact Commercial Director, Rob Souchon to make arrangements**
- Placement of vendors will be at the discretion of the Commercial Director. Vendors that sell cash and carry items will be given preference in Herring Hall until that building is full. For best placement, apply early.
- Check in and Set up dates are Friday, July 12th and Saturday, July 13th between 9:00 am and 5:00 pm and Sunday, July 14 between 8:00 am and 10:00 am. **ALL booths must be ready for business by 12:00 pm (NOON) on Sunday, July 14th.**
- Operating times for Herring Hall are Sunday 1:00 pm – 10:00 pm and Monday through Saturday 11:00 am -10:00 pm. Building will be locked for security at all other times.
- Special arrangements may be made for time adjustments outside of Herring Hall with the director's approval. Operating times are applied to all vendors (tents, trailers, etc.) and are a MINIMUM, but vendors may operate earlier and/or later at the discretion of the vendor.
- **NO early loadouts.** Product must remain for the entire duration of the fair. Fair closes at 10:00 pm on Saturday, July 20, 2024. Any vendor leaving early without prior approval from Director will not be invited back to future fairs.
- Vendors may NOT sell or distribute product that is libelous, invade the privacy of others or infringes on a copyright or sell or distribute outside their rental area.
- No Animals (except properly identified service dogs) are allowed on the fairgrounds.
- No Pop-up tents or anything overhead can be constructed in the booth space or tents unless previously approved. **This is a fire code enforcement rule.** Violators will be removed without refunds and not invited back to future fairs.
- Each booth space is entitled to 1 (one) 8' (eight foot) table and 2 folding chairs.
- **Non-Profit Organizations:** You must include a copy of your Tax-Exempt form (ST-105) with this contract.
- No vendor selling product is considered tax exempt and is required to pay Indiana sales tax.
- **All vendors** must provide evidence of Commercial General Liability Insurance – see Insurance Requirements on attached page. Certificate of Insurance must be provided at least 2 (two) weeks in advance of the 2024 Fair in order to reserve booth space. **You will not be allowed admission onto the grounds without the required evidence of insurance.**
- **If you do not have General Liability insurance and you are not selling a product,** you may apply to purchase insurance from the Johnson County 4-H and Agricultural Fair. The cost is \$70 for a single booth, \$35 for each additional booth space. Coverage is not guaranteed.
- Vendor shall indemnify and holds harmless the Johnson County Fair Association, it's agents, volunteers and employees and the Johnson County Commissioners against all loss, damage and expense, including attorney fees, that they may sustain or become liable for on account of injury to or death of persons, or damage to or destruction of property arising out of the actions or omissions of Vendor, its subcontractors, or individuals working or volunteering on Vendor's behalf at the Fair.
- Vendors and their associates and children display at their own risk. Vendors agree to allow Johnson County Fair to use photographs provided and any photographs taken for promotional purposes. In addition, Vendors agree to allow booth to be promoted on Facebook Live during fair week.
- **Vendor certifies that it shall conduct its activities at the Event in full compliance with all applicable laws. Johnson County Fairboard representatives may remove any Vendor from Event if Vendor, Vendor's subcontractors, or anyone working for or volunteering on behalf of Vendor violates this agreement.**
- Please sign and date on reverse side to acknowledge that you have read the Vendor Rules and agree to the terms and conditions set forth therein. Any vendor who violates rules above will not be invited to participate in future fairs.
- Prices are subject to change.
- Checks made payable to "Johnson County Fair Association". If paying by credit card, please contact Commercial Director, Rob Souchon to make arrangements.
- Please submit application and required documents to the Commercial Superintendent:

Commercial Director, Rob Souchon
250 Fairgrounds Street
Franklin, IN 46131
commercial@jocofairin.com



Insurance Requirements For Product Participation

The Johnson County Fair Association requires all professional and non-professional vendors to provide evidence of Commercial General Liability during the time that their product is being sold on the fairgrounds. Your insurance **must include** Product Liability Coverage and name the Johnson County Fair Association and the Johnson County Commissioners as an "Additional Insured".

Minimum Liability Limits:

Each Occurrence	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Products & Completed Operations Aggregate	\$1,000,000
Damage to Rented Premises	\$ 100,000
General Aggregate	\$1,000,000

Minimum Workers Compensation Limits:

Each Accident	\$ 100,000
Disease - Each Employee	\$ 100,000
Disease – Policy Limit	\$ 500,000

A Sample Certificate of Insurance is included.

Your certificate of Insurance must be provided at least 2 (two) weeks in advance of the 2024 Fair in order to reserve booth space. **You will not be allowed admission onto the grounds to vend without the required evidence of insurance.**

Any vendor unable to provide evidence of insurance may purchase General Vendor's Liability through the Fair Board's insurance carrier, K & K Insurance, if no product is being sold at the booth. Each vendor will need to complete the attached Request for Coverage and the Fair Board will submit it to the underwriter for approval. Coverage is not guaranteed. Cost is \$70 for each booth; each additional booth space is \$35.

Any vendor unable to provide evidence of insurance and selling product in their booth space must purchase General Liability and Product Liability insurance from another carrier. The Fair Board Insurance does not offer Product Liability Insurance.

For insurance requirements and/or questions, please contact the Commercial Director, Rob Souchon at commercial@jocofairin.com



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: Broker Contact Name	
Broker Name		PHONE (A/C No, Ext): Contact Phone Number	FAX (A/C No): Fax
Broker Address		E-MAIL: Email Address	
Phone Number		PRODUCER CUSTOMER ID #:	
Contact Name			
INSURED		INSURER(S) AFFORDING COVERAGE	
Name		INSURER A : Insurance Carrier Name	NAIC #
Address		INSURER B : Insurance Carrier Name	NAIC #
City, State & Zip Code		INSURER C : Insurance Carrier Name	NAIC #
		INSURER D : Insurance Carrier Name	NAIC #
		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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please Provide	Eff Date	Exp Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	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				Eff Date	Exp Date	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				Eff Date	Exp Date	EACH OCCURRENCE \$ AGGREGATE \$
	DEDUCTIBLE RETENTION \$						\$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	<input checked="" type="checkbox"/>	N/A	Please provide	Eff Date	Exp Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
					Eff Date	Exp Date	Occurrence/Aggregate \$

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

The certificate holders are named as Additional Insured under General Liability policy for use of the Johnson County Fairgrounds.

CERTIFICATE HOLDER**CANCELLATION**

Johnson County Fair Board Johnson County Board of Commissioners 250 Fairgrounds Street Franklin IN 46131	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 Signature
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Commercial Vendor Booth Application

July 14-20, 2024

Please PRINT. Application must be completed in full and accompanied by 5 photographs to be considered for participation (Please include 4 photos of Products/Business/Booth set up and 1 photo of logo)

Business/Organization Name: _____

Contact Name: _____

Address: _____ City/State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Web site URL or Facebook Page: _____

Please provide a brief description of the product(s) you will be selling. Please list ALL items that will be sold/distributed. This will assist staff in merchandising and will be used to describe your booth in all marketing materials.

Please ensure and check that **EACH** of the following is submitted (if needed) with this signed application. Applications are not considered complete unless the following are attached:

- ____ Proof of Insurance - Copy of your Certificate of Insurance
- ____ **Check made payable to "Johnson County Fair Association"** for appropriate booth fees:
 - ___ 10' x 10' Inside Herring Hall – includes 1-110 volt electric and 2 parking passes - \$450
 - ___ 10' x 10' Outside tent or trailer space – includes 1-110 volt electric and 2 parking passes - \$400
 - ___ Requesting 2 spaces at double price
 - ___ 1 additional -110 volt electric - \$100
 - ___ 1 additional -220 volt electric - \$200
- Subtotal:** _____
- ___ Tax Exempt (Copy of ST_105 attached)
- ___ Sales tax at 7%
- Tax total:** _____
- ___ Fairboard Insurance application for single booth (\$70)
- ___ Fairboard Insurance coverage for second booth (\$35)
- Insurance Total:** _____
- Total Paid \$** _____

NOTE: Each booth is entitled to 1 (one) 8' (eight foot) table and 2 chairs ___ Yes, I need ___ No, will bring my own set up

A \$40.00 fee will be imposed for any check returned for insufficient funds.

Johnson County 4-H Association assumes no liability for loss or damages.

Signature on contract is your commitment that you have read and understand the vendor rules and will adhere to them fully. Vendors who violate rules will not be allowed to return to future fairs.

Vendor Signature Date

OFFICE USE ONLY

Received Date _____
Booth fee _____
Add'tnl Electric _____
Sub Total _____
7% Sales Tax _____
Insurance _____

Total PAID
