

# Loudoun County Fair 2023 Vendor Application

July 25<sup>th</sup> – July 29<sup>th</sup>, 2023

PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of business and brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

First time potential vendor? \_\_\_\_\_ Please send picture of your booth layout.

Vendor space needed (please circle): 12 x 12      10 X 24      24 X 24      Other \_\_\_\_\_

Fee not including electric:              \$425.00      \$800.00      \$1,175.00      \$TBD

Included with each space two parking passes and four weekly gate passes. Please see vendor coordinator for additional passes. Email [vendors@loudouncountyfair.com](mailto:vendors@loudouncountyfair.com)

Additional space needed for storage trailer or additional equipment please see vendor coordinator. Email [vendors@loudouncountyfair.com](mailto:vendors@loudouncountyfair.com)

All vendors are required to have their own liability insurance in the amount of One Million dollars naming Loudoun Fair & Associates, Inc. as both additional insured and certificate holder. Policy must be an Occurrence form policy. See example attached. Confirmation of acceptance as a 2023 fair vendor will not be issued until a Certificate of Insurance is received.

**Please complete all additional pages attached if applicable.**

Send application via email to: [Vendors@loudouncountyfair.com](mailto:Vendors@loudouncountyfair.com)

or mail to: Loudoun County Fair, Attn. Treasurer, PO Box 4100, Leesburg, VA 20177

Loudoun County Fair will accept checks or credit card (3% fee for credit card)

Office Use Only: Date Received \_\_\_\_\_ Confirmation sent \_\_\_\_\_

## Booth/Trailer Dimensions and Electrical Needs/Cost



My tent is \_\_\_\_\_ wide, including tie down ropes.

My tent is \_\_\_\_\_ deep, front to back.

My total space requirements are: \_\_\_\_\_

Electric needs: Voltage \_\_\_\_\_ Watts \_\_\_\_\_

#Outlets \_\_\_\_\_

Other: \_\_\_\_\_



My tent is \_\_\_\_\_ wide, including tie down ropes.

My tent is \_\_\_\_\_ deep, front to back.

My total space requirements are: \_\_\_\_\_

Electric needs: Voltage \_\_\_\_\_ Watts \_\_\_\_\_

#Outlets \_\_\_\_\_

Other: \_\_\_\_\_



My trailer is \_\_\_\_\_ wide, including trailer tongue.

My trailer is \_\_\_\_\_ deep, front to back.

My total space requirements are: \_\_\_\_\_

Electric needs: Voltage \_\_\_\_\_ Watts \_\_\_\_\_

#Outlets \_\_\_\_\_

Other: \_\_\_\_\_

Electric service is limited and not included in the basic booth fee. Requests for electric service should be made at the time of application and are on a first come, first served. Additional fees will apply depending on needs.

110V service \$100.00 per booth

110V service for food vendors \$150.00 per booth

220V service \$200.00 per booth

Services of the fair electrician are between the vendor and electrician.

All vendors are requested to decorate the outside area of their booth. Acceptable items are fresh flowers, trees, shrubs, rubber matting, rope lighting, hay bales or a combination.

Recorded music is acceptable to be played in your booth as long as it isn't offensive or disruptive to others.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2022

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 have ADDITIONAL INSURED provisions or 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>		<b>CONTACT NAME:</b> Agent's name	
Your Insurance Agency's name		<b>PHONE</b> (A/C, No, Ext):	<b>FAX</b> (A/C, No):
their mailing address		<b>E-MAIL ADDRESS:</b>	
Anytown ST 99999		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Insurance Company's name	
		<b>INSURER B:</b> Insurance Company's name	
		<b>INSURER C:</b> Insurance Company's name	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER: CL2272505484

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" 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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		Your policy number	07/23/2023	07/30/2023	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
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Your policy number	07/23/2023	07/30/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			Your policy number	07/23/2023	07/30/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	Your policy number	07/23/2023	07/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Additional insured status in favor of Loudoun Fair &amp; Associates is included.

Loudoun Fair & Associates, Inc. as both additional insured and certificate holder. Policy must be a Occurrence form policy.

## CERTIFICATE HOLDER

## CANCELLATION

Loudoun Fair & Associates k/a Loudoun County Fair PO Box 4100 Leesburg VA 20177	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
---------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------