

**2017 VENDOR INSURANCE ACKNOWLEDGEMENT**  
NYS Sheep and Wool Festival



I HAVE READ THE INSURANCE REQUIREMENTS IN THE VENDOR APPLICATION FOR THE 2017 NYS SHEEP AND WOOL FESTIVAL. I HAVE LIABILITY INSURANCE AND I UNDERSTAND THAT I MUST PROVIDE A CERTIFICATE OF LIABILITY AS OUTLINED IN THE VENDOR APPLICATION BY **2/28/2017**. IF I AM ACCEPTED AS A NEW VENDOR, I WILL BE RESPONSIBLE FOR INSURANCE AT THAT TIME.

Signed \_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_

Name of Business \_\_\_\_\_

-OR-

I HAVE READ THE INSURANCE REQUIREMENTS IN THE 2017 VENDOR CONTRACT FOR THE 2017 NYS SHEEP AND WOOL FESTIVAL. I DO NOT HAVE LIABILITY INSURANCE AND WOULD LIKE TO PURCHASE THE LIABILITY COVERAGE OFFERED THROUGH THE DUTCHESS COUNTY FAIRGROUNDS. I UNDERSTAND THE COST OF THAT COVERAGE WILL BE **\$50.00 PER VENDOR**. I UNDERSTAND THAT THIS LIABILITY COVERAGE **WILL NOT** COVER ME OR MY BUSINESS AND SOLELY PROVIDES LIABILITY COVERAGE TO THE ENTITIES NAMED AS "ADDITIONAL INSURED" FOR THE DATES SPECIFIED ON THE CERTIFICATE.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Print Name \_\_\_\_\_

Name of Business \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ DATE \_\_\_\_\_

**NEW VENDORS send this completed form only after accepted as a vendor. RETURNING VENDORS enclose this form and payment (if needed) with your application.**