



## EXHIBITOR INSURANCE REQUIREMENTS

17<sup>TH</sup> Annual Oxnard Salsa Festival

July 24 & 25, 2010

All exhibitors participating in the Oxnard Salsa Festival are required to carry a valid General Liability Insurance Policy.

### Vendors with own insurance policy:

Vendors with insurance coverage for their business must include a valid **Certificate of Insurance** with their Vendor Application that meets the following criteria:

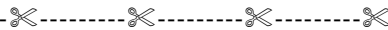
- **Name of insured** on policy must match name and address on vendor application
- **Type of Insurance** must be General Liability Insurance
- **Policy effectiveness dates** must be through the Oxnard Salsa Festival weekend (July 24 & 25, 2010)
- **Policy limits** must be *at least*:

General Aggregate:	\$1,000,000
Each Occurrence:	\$1,000,000
Products – comp/op agg	\$1,000,000
Personal & Adv. Injury:	\$1,000,000
Damage to Rented Premises	\$ 100,000

- **Description of Operations/Locations/Vehicles/Restrictions/Special Items** must include:  
Certificate holder is named as additional insured for the 17<sup>th</sup> Annual Oxnard Salsa Festival, July 24 & 25 2010, at Plaza Park and on surrounding streets in downtown Oxnard.
- **Certificate Holder** must be listed as follows:  
Downtown Oxnard Merchants Association  
DBA Oxnard Salsa Festival  
P.O. Box 1892  
Oxnard, CA 93032

### Vendors who wish to purchase insurance through the Oxnard Salsa Festival:

Vendors who do not have insurance for their business may purchase through the Festival's Group Vendor Insurance Policy (through insurevents.com) by filling out the request form below and submitting with Vendor Application. Payment for insurance will only be processed if vendor is accepted into the Festival.



### REQUEST FOR INSURANCE

Return this **completed** form with your Vendor Application along with your fee (\$75) payable to "Oxnard Salsa Festival"

Please sign me up for the **Group Vendor Liability Policy** for the 17<sup>th</sup> Oxnard Salsa Festival July 24 & 25, 2010

Vendor's Company Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_  
*Street City State/Zip*

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Products Sold: \_\_\_\_\_

*This insurance coverage is applicable only for the 2010 Oxnard Salsa Festival only. For more info: [www.oxnardsalsafestival.com](http://www.oxnardsalsafestival.com)*