SLUSH VENDOR AGREEMENT COLORADO 2026

Thanks for your interest in participating in our Slush Motorsports Festival. Vendors who would like to set up during our events should fill out this form and accompanying credit card authorization for payment. Upon receipt of this information we will reach out to you with conformation and additional event details. Vendors are required to provide a Certificate Of Liability Insurance in conjunction with their vendor booth. See the example on the next page. Completed forms should be submitted to stacy@slushmotorsports.com

BUSINESS NAME								
	APPLICATION DATE							
	CONTACT NAME							
	ADDRESS							
	PHONE NUMBER EMAIL ADDRESS VENDOR BOOTH SIZE PRICE							
			BOOTH SET UP DESCRIPTION - Please include your number of display cars, support vehicle, tent and other set up elements you					
	☐ 20x20	\$350	will be activating. All elements will need to fit in you	_				
	□ 20x40	\$550						
	☐ 20x60	\$750						
	☐ 20x80	\$900						
	☐ 15x20 1 car garage bay	\$750						
☐ Food Truck \$750			☐ Food Truck Power \$75 (Limited)					
	Booth Spaces come	e with 4	Vendor passes. Additional passes, car s					
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SLUSH MOTORSPORTS FESTIVAL INSURANCE REQUIREMENTS

Vendors are required to provide a Certificate Of Liability Insurance with the minimum limit amounts shown in the example below which must include Slush Motorsports Festival and Pikes Peak International Raceway as Additionally Insured. Proof of insurance shall be provided to Slush Motorsports Festival 12 calendar days prior to the event. Vendors that do not comply with this requirement may be denied entry into the event. No refunds for vendor spaces will be issued in this circumstance.

Example Certificate of Liability Insurance

<u> </u>													
ACORD® CI	ERTIFICATE 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 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).													
PRODUCER				CONTACT NAME: required information									
NAME and ADDRESS of PRODUCER/AGENT			PHONE (A/C, No, Ext): required information (A/C, No):										
Service and a service of the property of the service of the servic				E-MAIL ADDRESS: required information									
					INSURER(S) AFFORDING COVERAGE NAIC #								
				INSURER A: NAME OF INSURANCE COMPANY PROVIDING COVERAGE									
VENDOR LEGAL NAME and ADDRESS				INSURER B: NAME OF INSURANCE COMPANY if applicable INSURER C: NAME OF INSURANCE COMPANY if applicable									
					HIV	ALCOHOLOGICA CONTRACTOR AND							
(This name must be the same a		-		INSURER D: NAME OF INSURANCE COMPANY if applicable INSURER E: NAME OF INSURANCE COMPANY if applicable									
named in the Vendor Space Rental Agreement)					INSURER F: NAME OF INSURANCE COMPANY if applicable								
COVERAGES CER	TIFIC	CATE	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 PEFINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TEFEXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS					
INSR LTR TYPE OF INSURANCE		SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIM	100					
COMMERCIAL GENERAL LIABILITY	1						EACH OCCURRENCE DAMAGE TO RENTED	-	300,000				
CLAIMS-MADE ✓ OCCUR	V					olicy(s) must be in	PREMISES (Ea occurrence) MED EXP (Any one person)	\$	10,000 5,000				
GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY PRO- LOC						the time that the at Pikes Peak	PERSONAL & ADV INJURY		300,000				
						al Raceway.	GENERAL AGGREGATE	200.00	300,000				
							Parameter and the Control of the Con		100,000				
OTHER:					14-			\$,				
AUTOMOBILE LIABILITY ANY AUTO					olicy(s) must be in	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	0.00	300,000					
OWNED SCHEDULED	V				effect during the ti Insured is at Pil International F		BODILY INJURY (Per accident) \$						
HIRED AUTOS NON-OWNED						al Raceway.	PROPERTY DAMAGE						
AUTOS ONLY AUTOS ONLY							(Per accident)	\$					
✓ UMBRELLA LIAB ✓ OCCUR	/ If the INSURED has Umbrella or Excess		lability The insurance policy(s) must be in			EACH OCCURRENCE	\$						
OR- EXCESS LIAB CLAIMS-MADE DED RETENTION\$		Insurance, the CERTIFICATE HOLDER's named ADDITIONAL INSURED as to the			effect during the time that the Insured is at Pikes Peak International Raceway.		AGGREGATE \$						
			Umbrella or Excess Liability Insurance.				\$						
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						olicy(s) must be in ne time that the	✓ PER OTH- STATUTE ER						
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under					Insured is at	t Pikes Peak al Raceway.	E.L. EACH ACCIDENT		MUM PER STATUTE				
					Internationa				NUM PER STATUTE				
DÉSCRIPTION OF OPERATIONS below		12					E.L. DISEASE - POLICY LIMIT	\$ MINIM	MUM PER STATUTE				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (CORD	101. Additional Remarks Schodul	le, mav k	e attached if mor	e space is require	ed)						
BESCHITTON OF OPERATIONS / ESCATIONS / VEHICL	.20 (2	COND	TOT, Additional Remarks Schedu	e, may b	e attached ii mor	e space is require	ow)						
CERTIFICATE USI DED					DELLATION								
CERTIFICATE HOLDER		Medical	socration arches	CAN	CELLATION								
SLUSH MOTORSPORTS FESTIVAL LLC 2043 S. GOLD BUG WAY, AURORA CO 80018				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
PIKES PEAK INTERNATIONAL RACEWAY LLC 16650 MIDWAY RANCH ROAD, FOUNTAIN CO 80817				AUTHORIZED REPRESENTATIVE									