

# SLUSH VENDOR AGREEMENT TENNESSEE 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](mailto:stacy@slushmotorsports.com)**

<b>BUSINESS NAME</b>		
<b>APPLICATION DATE</b>		
<b>CONTACT NAME</b>		
<b>ADDRESS</b>		
<b>PHONE NUMBER</b>		
<b>EMAIL ADDRESS</b>		
<b>VENDOR BOOTH SIZE PRICE</b>		BOOTH SET UP DESCRIPTION - Please include your number of display cars, support vehicle, tent and other set up elements you will be activating. All elements will need to fit in your booth space.
<input type="checkbox"/> 20x20	\$300	
<input type="checkbox"/> 20x40	\$500	
<input type="checkbox"/> 20x60	\$700	
<input type="checkbox"/> 20x80	\$900	

**All Booth Spaces come with 4 Vendor passes. Additional passes, car show and drivers passes can be purchased at a 25% discount in conjunction with your booth space. Vendor space locations are not guaranteed. Vendor spaces do not have power access. Custom arrangements can be made by contacting Slush. I acknowledge that booth spaces will not be reserved without payment. Cancellations are non-refundable.**

**Signature Of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

**I am authorizing Slush Motorsports LLC to charge my credit card for amounts due:**

<b>CARD HOLDER NAME</b>		<b>DATE</b>	
<b>CARD BILLING ADDRESS</b>		<b>ZIP CODE</b>	
<b>CITY</b>		<b>STATE</b>	
<b>CREDIT CARD NUMBER</b>		<b>EXPIRATION</b>	
<b>CVV</b>		<b>\$ AMOUNT</b>	

**Signature:**

**Date:**

## 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 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

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)																					
<p><b>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.</b></p>																									
<p><b>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></p>																									
<b>PRODUCER</b> NAME and ADDRESS of PRODUCER/AGENT		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: required information</td> </tr> <tr> <td>PHONE (A/C, No, Ext): required information</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: required information</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2">INSURER A : NAME OF INSURANCE COMPANY PROVIDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER B : NAME OF INSURANCE COMPANY if applicable</td> </tr> <tr> <td colspan="2">INSURER C : NAME OF INSURANCE COMPANY if applicable</td> </tr> <tr> <td colspan="2">INSURER D : NAME OF INSURANCE COMPANY if applicable</td> </tr> <tr> <td colspan="2">INSURER E : NAME OF INSURANCE COMPANY if applicable</td> </tr> <tr> <td colspan="2">INSURER F : NAME OF INSURANCE COMPANY if applicable</td> </tr> </table>				CONTACT NAME: required information		PHONE (A/C, No, Ext): required information	FAX (A/C, No):	E-MAIL ADDRESS: required information		<b>INSURER(S) AFFORDING COVERAGE</b>		INSURER A : NAME OF INSURANCE COMPANY PROVIDING COVERAGE		INSURER B : NAME OF INSURANCE COMPANY if applicable		INSURER C : NAME OF INSURANCE COMPANY if applicable		INSURER D : NAME OF INSURANCE COMPANY if applicable		INSURER E : NAME OF INSURANCE COMPANY if applicable		INSURER F : NAME OF INSURANCE COMPANY if applicable	
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<b>INSURED</b> VENDOR LEGAL NAME and ADDRESS (This name must be the same as the person or company named in the Vendor Space Rental Agreement)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>COVERAGES</b></td> <td style="width: 30%;"><b>CERTIFICATE NUMBER:</b></td> <td style="width: 50%;"><b>REVISION NUMBER:</b></td> </tr> </table>						<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>																	
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<p>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.</p>																									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																		
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	<input checked="" type="checkbox"/>			The insurance policy(s) must be in effect during the time that the Insured is at Pikes Peak International Raceway.		EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMP/OP AGG \$ 100,000 \$																		
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																		
<input checked="" type="checkbox"/> OR <input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>		If the INSURED has Umbrella or Excess Liability Insurance, the CERTIFICATE HOLDER shall be named ADDITIONAL INSURED as to the Umbrella or Excess Liability Insurance.	The insurance policy(s) must be in effect during the time that the Insured is at Pikes Peak International Raceway.		EACH OCCURRENCE \$ AGGREGATE \$ \$																		
	<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 <input type="checkbox"/>	N / A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ MINIMUM PER STATUTE E.L. DISEASE - EA EMPLOYEE \$ MINIMUM PER STATUTE E.L. DISEASE - POLICY LIMIT \$ MINIMUM PER STATUTE																		
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>																									
<b>CERTIFICATE HOLDER</b>  SLUSH MOTORSPORTS FESTIVAL LLC 2043 S. GOLD BUG WAY, AURORA CO 80018				<b>CANCELLATION</b>  <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  AUTHORIZED REPRESENTATIVE																					