SLUSH VENDOR AGREEMENT TENNESSEE 2027

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**
☐ 20x20	$300
☐ 20x40	$500
☐ 20x60	$700
☐ 20x80	$900

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.

All Booth Spaces come with 4 Vendor passes. Additional passes, car show and drivers passes can be purchased at a 20% 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:

CARD HOLDER NAME		**DATE**	
CARD BILLING ADDRESS		**ZIP CODE**	
CITY		**STATE**	
CREDIT CARD NUMBER		**EXPIRATION**	
CVV		**$ AMOUNT**	

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

ACORD®

CERTIFICATE 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	FAX (A/C, No):
	E-MAIL ADDRESS: required information	

INSURER(S) AFFORDING COVERAGE		NAIC #
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	

INSURED

VENDOR LEGAL NAME and ADDRESS
(This name must be the same as the person or company named in the Vendor Space Rental Agreement)

COVERAGES **CERTIFICATE 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 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	
	✓ COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 300,000
	☐ CLAIMS-MADE ✓ OCCUR	✓			The insurance policy(s) must be in effect during the time that the Insured is at Pikes Peak International Raceway.		DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 5,000
	✓ POLICY ☐ PRO-JECT ☐ LOC						PERSONAL & ADV INJURY	$ 300,000
	OTHER:						GENERAL AGGREGATE	$ 300,000
							PRODUCTS - COMP/OP AGG	$ 100,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 300,000
	✓ ANY AUTO	✓			The insurance policy(s) must be in effect during the time that the Insured is at Pikes Peak International Raceway.		BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	$
	-OR- ✓ EXCESS LIAB ☐ CLAIMS-MADE	✓		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.		AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						✓ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A			The insurance policy(s) must be in effect during the time that the Insured is at Pikes Peak International Raceway.		E.L. EACH ACCIDENT	$ MINIMUM PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ MINIMUM PER STATUTE
							E.L. DISEASE - POLICY LIMIT	$ MINIMUM PER STATUTE

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

CERTIFICATE HOLDER

SLUSH MOTORSPORTS FESTIVAL LLC
2043 S. GOLD BUG WAY, AURORA CO 80018

CANCELLATION

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