

2019 TRYON BLOCK HOUSE RACES VENDOR INSURANCE DECLARATION



Company Name: _____

Contact Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Website Address: _____

Description of product and/or service to be sold/exhibited: _____

Dear Exhibitor:

Tryon Equine Insurance Services, a Division of Main Street Insurance Group, is offering premises liability coverage for exhibitors at the 2019 Tryon Block House Races under a master policy. Coverage and limits are below:

Certificate Number:

Coverage Form:	Occurrence	
Policy Limits:	Each Occurrence Limit	\$1,000,000
	General Aggregate Limit (Other than Products/Completed Operations)	\$2,000,000
	Products/Completed Operations Aggregate Limit	EXCLUDED

THE FOLLOWING LIMITS ARE SUB-LIMITS OF AND NOT IN ADDITION TO THE LIMITS SHOWN ABOVE:

Personal & Advertising Injury Limit	\$1,000,000.00	any one person
Fire Damage	\$50,000.00	any one fire
Medical Payment Limit	\$5,000.00	any one person

Liquor liability is specifically excluded. Liability limits will be shared by all vendors. If you choose not to participate in this policy, a Certificate of Insurance, as contractually specified is required.

Please sign and return this form with your payment, signifying your consent to participate in this voluntary insurance program.

- General liability coverage will be provided April 12-13, 2019 in North Carolina only – at the specified event location.
- Premium for this coverage is \$80 per vendor.
- The following are not acceptable for this policy: Animal Acts or Rides, Petting Zoos, Medical Tests, Body Piercing, Tattoos (Permanent) Activities involving Bodily Contact, Hazardous Products, or Mechanical devices.
- Your insurance coverage will only be effective during your presence on the Tryon International Equestrian Center for The Fork event and during specified dates.
- Personal/business property is not covered under this policy. Again, loss or damage to vendor’s own personal property is not covered.

Please issue coverage in accordance with this program.

Signature _____ Date _____

PAYMENT

Name as it appears on the card: _____

Credit Card Type: MasterCard Visa American Express Discover Card

Credit Card Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Billing Zip Code: _____ Payment Amount: _____

I verify that the information provided above is correct and authorize use of this credit card for the payment of the above Trade Fair reservation.

Signature: _____ Date: _____

RETURN INSTRUCTIONS: Please send completed forms to sbrady@mainstreetins.com. Please call 1-877-872-4578 if you have questions. Forms submitted without a valid credit card will not be accepted. Please complete and return this form with supporting documents by Friday, March 29th, 2019.