Western DuPage Chamber of Commerce

2019 RAILROAD DAYS EXHIBITOR APPLICATION

RAILROAD DAYS APPLICATION & AGREEMENT

The Western DuPage Chamber of Commerce as a manager of the 2019 West Chicago Railroad Days Festival and Exhibitor/Vendor agree to the terms and conditions of the agreement. The Exhibitor/Vendor shall sell only the products specified and approved in this agreement at Pioneer Park during the 2019 Railroad Days event.

Date & Times of the Railroad Days 2019 festival are as follows:

Thursday, July 11, 2019	**4:30 pm - 10:00 pm**
Friday, July 12, 2019	**4:30 pm - 11:00 pm**
Saturday, July 13, 2019	**Noon - Midnight**
Sunday, July 14, 2019	**2:30 pm - 10:00 pm**

ARTICLE 1: Exhibitor/Vendor: Contact and Product Information

Company Name: _____

Contact: _____ Phone: (____) _____ Fax (____) _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail(s): _____

Description of products/items that will be distributed (including prices, if applicable):
(If you need more space to write down additional items, please use the additional page section on application.)

1) _____ $_____ **2)** _____ $_____

3) _____ $_____ **4)** _____ $_____

5) _____ $_____ **6)** _____ $_____

7) _____ $_____ **8)** _____ $_____

9) _____ $_____ **10)** _____ $_____

11) _____ $_____ **12)** _____ $_____

13) _____ $_____ **14)** _____ $_____

8) Food and/or Beverage Sales: the sale of food and/or beverages is limited to Approved Food Vendors. No Exhibitor or Vendor may sell any food or beverage without the prior written consent of the Western DuPage Chamber of Commerce and 2019 Railroad Days Committee. **No Exceptions!**

Electrical Requirements:

- This section must be complete and accurate. In order to insure that all Exhibitors/Vendors have enough electricity, we must have all of your information. Any application that is not completed will not be accepted. **NOTE:** No changes will be allowed the day of the event, only requested electrical requirements would be supplied.
- Vendors are solely responsible for their own heavy-duty extension cords (#123-prong conductor).
- Each vendor will be provided one 110 outlet; additional 110 outlets will be charged at $50 each.
- Exhibitor/Vendor who needs 220 outlets will be charged $75.00 per 220 outlet.
- Please list each electrical need individually. If necessary, please use the reverse side for any additional needs.

A) Types of application (Need)	Qty.	Volts	Watts	Amps	Outlet Type (220 or 110)
1) _____	_____	_____	_____	_____	☐ 110 ☐ 220
2) _____	_____	_____	_____	_____	☐ 110 ☐ 220
3) _____	_____	_____	_____	_____	☐ 110 ☐ 220

B) Total number of outlets needed: (REQUIRED): _____

C) Total number of 20 Amp circuits needed: (REQUIRED): _____

ARTICLE II – Rules & Compliance

1) This application must be completed and received by the Western DuPage Chamber of Commerce, not later than **Friday, June 21 at 12:00 Noon** and shall not be in effect until accepted by the Western DuPage Chamber of Commerce.

2) Please send your application to:

Western DuPage Chamber of Commerce
306 Main Street, West Chicago, IL 60185
Fax: (630) 231-3009
Email: team@westerndupagechamber.com

3) This agreement must be submitted along with the following:
   a) All Fees (per attached fee schedule).
   b) See Attached Insurance requirements!

4) Applicant will be supplied two (2) folding chairs and one (1) 8' foot table, electricity as requested. Vendor will provide tent unless tent is requested in advance for $150.00.

5) Each vendor must remain open from the beginning of the event until the end of the event each day.

6) Each vendor site must be kept clean and garbage discarded properly.

7) Vendors must supply their own sign with their name and prices (if applicable) on it.

ARTICLE III - Agreement

The Western DuPage Chamber of Commerce reserves the absolute right to terminate the Agreement in the event the vendor sells or attempts to sell any product or service other than those specified in Article I or breaches any of the terms and conditions contained in Article II or the rules and regulations for Railroad Days 2019 Exhibitor/Vendor Agreement. In the event the Western DuPage Chamber of Commerce terminates this agreement, the Exhibitor/Vendor shall immediately forfeit the security deposit and all fees paid, cease any activities at Railroad Days 2019 and remove all equipment, personnel and other property from Pioneer Park.

☐ I have read and understand the above agreement.

Exhibitor/Vendor: _____
(Please Print Company Name)

Signature: x _____ Date: _____

(Staff Use Only)
Accepted by: _____ Date: _____
Please keep a copy of the completed application for your records.

VENDOR INDEMNITY AGREEMENT:

As a part of your participation in Railroad Days 2019, the below vendor hereby agrees to indemnify and hold harmless the City of West Chicago, its officials, employees, agents and volunteers who are listed as additional insured; the Western DuPage Chamber of Commerce, West Chicago Park District and the West Chicago Fire Protection District against any and all claims, suits, cost, damages and expenses at Railroad Days 2019 they may sustain by reason of any acts of omission by the below vendor and/or employees, associates, affiliates and/or partners of the below vendor. The below vendor agrees to pay any judgment or settlement resulting from such suit, demean or claim, and to pay all reasonable attorney fees incurred by the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District or the West Chicago Fire Protection District in defending against such suit, demean or claim. In the event of any dispute between the vendor, the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District, and the West Chicago Fire Protection District concerning the terms of this indemnity agreement, it is hereby understood and agreed that the proper venue for litigating any such dispute is DuPage County,Illinois.

Company Name (printed): _____

Signature Name (printed): _____ Date: _____

Signature: x_____Date:_____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____

(Staff Use Only)

ACCEPTED BY:_____DATE_____
(Western DuPage Chamber of Commerce Only)

ARTICLE IV - Payment

The following Fees Apply to all Vendors participating in the 2019 Railroad Days festival on July 11-14 2019.

Non-Food Booth Rental: includes (1) table & (2) chairs……..…… $395.00

Tent available for……..$150.00 No Tent $ 0.00

Electricity: (*One 110 Outlet provided)*

Additional 110-outlet _____ x $50.00 ea. $ 0.00

Additional 220 outlet _____ x $75.00 ea. $ 0.00

SUBTOTAL $ 395.00

Western DuPage Chamber Members & West Chicago Business Discount

None $100 discount if applicable LESS $ 0.00

TOTAL AMOUNT $ **395.00**

MAKE CHECKS PAYABLE TO: **WESTERN DUPAGE CHAMBER OF COMMERCE**

Mailing address: Western DuPage Chamber of Commerce
306 Main Street, West Chicago, IL 60185
Phone: 630-231-3003 Fax: 630-231-3009

No checks will be accepted without a completed vendor agreement and no vendor is considered to have been accepted as a participant in the 2019 Railroad Days event until receiving an Approval letter from the 2019 Railroad Days Committee of the Western DuPage Chamber of Commerce.

Card Type: ☐ VISA ☐ MasterCard ☐ Discover Card

Enter the complete credit card number: _____ _____ _____ _____

Expiration Date: _____ CVS (#): _____ Payment Amount: $ 395.00

Billing Address for Credit Card:

Street: _____

City: _____ State: _____ Zip Code: _____

☐ I authorize Western DuPage Chamber of Commerce to charge the above credit card for the amount noted above.

Cardholder Name (printed): _____ Date: _____

Cardholder Signature: _____

Once credit card is processed for payment, we immediately destroy the original application and any digital copies. *For our vendor's security, no portion will be retained for our records.*

ARTICLE V – Insurance Requirements

2019 West Chicago Railroad Days Insurance

Additional Insured: Endorsement Requirement

The City of West Chicago, as the Major Sponsor of the 2019 Railroad Days Festival requires that the following statement appear on all certificates of insurance:

Additional Insured: The City of West Chicago, West Chicago Park District, West Chicago Fire Protection District, Western DuPage Chamber of Commerce, its officials, employees, agents and volunteers.

***See sample of an acceptable certificate below.**

Please provide this information to your insurance carrier to avoid any potential problems that would result in an unacceptable certificate being submitted and the rejection of your participation in this community event.

Additional Products:

17) _____ $ _____ 18) _____ $ _____

19) _____ $ _____ 20) _____ $ _____

21) _____ $ _____ 22) _____ $ _____

23) _____ $ _____ 24) _____ $ _____

25) _____ $ _____ 26) _____ $ _____

27) _____ $ _____ 28) _____ $ _____

29) _____ $ _____ 30) _____ $ _____

31) _____ $ _____ 32) _____ $ _____

33) _____ $ _____ 34) _____ $ _____

Additional Comments or Requests:

Checklist:

- [ ] Products Identified and Priced
- [ ] Electrical Requirements Addressed
- [ ] Certificate of Insurance Submitted
- [ ] Vendor & Indemnity Agreement Signed

Print Application

Save Application ** Please "Save As" with your company/organization name included into our new file name.*

Email Application ** Please attach application and send to TEAM@WESTERNDUPAGECHAMBER.COM*

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

Your Insurance Company

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A:	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

Your Name and Address

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	Policy Number	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	Policy Number	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $	Policy Number	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE AGGREGATE	$ 2,000,000 $ 2,000,000
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy Number	mm/dd/yy	mm/dd/yy	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
		OTHER					

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: The City of West Chicago, West Chicago Park District, West Chicago Fire Protection District, Western DuPage Chamber of Commerce, its officials, employees, agents and volunteers.

CERTIFICATE HOLDER

Western DuPage Chamber of Commerce
306 Main Street
West Chicago, IL 60185

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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