



CHEESEMAKERS REGISTRATION

Registration Deadline: June 15, 2019

CHEESEMAKER PACKAGE: FREE*

Package Includes: **1 table (8 feet)** **website listing**
2 festival passes **program listing**

*limited to 1 package per company/organization

Exhibitor's are welcome to arrive on Saturday, August 10 to set up their table. We will provide a security guard to watch over product.

CHEESEMAKERS INFORMATION: All Cheesemakers are required to provide a certificate of insurance naming Shelburne Farms and Vermont Cheese Council as additionally insured. Please see the second page of this form for an exact example of our required wording. The Certificate of Insurance is required by our Festival insurers and Shelburne Farms. Failure to provide proof of insurance will void this exhibitors form.

COMPANY: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
EMAIL: _____
WEBSITE: _____

COMPANY LISTING INFORMATION: (for festival website and marketing materials)

COMPANY NAME: _____
BRIEF DESCRIPTION: (25 words or less) _____

***WHAT'S NEW FOR 2019: (for press/PR purposes)

Please send completed form to:

Vermont Cheese Council
Attn: Tom Bivins
PO Box 165
Randolph, VT 05060
email: Tom@vtcheese.com
phone: 802-451-8564

PRINTED NAME: _____ **TITLE:** _____
AUTHORIZED SIGNATURE: _____ **DATE:** _____



EXAMPLE OF CERTIFICATE OF LIABILITY INSURANCE FORM



VSCHOLD-01

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/02/2018

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:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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	ADD. SUBR. (INS. WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	[REDACTED]	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRG.JECT <input type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ 10,000	
	AUTOMOBILE LIABILITY					PERSONAL & ADV INJURY \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					GENERAL AGGREGATE \$ 2,000,000	
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		[REDACTED]	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 10,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					PERSONAL & Adv \$ 10,000,000	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		[REDACTED]	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.I. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N				N/A	E.I. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.I. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Re: Vermont Cheesemakers Festival July 15, 2017

Vermont Cheese Council and Shelburne Farms are included as additional insured for General Liability [REDACTED]

CERTIFICATE HOLDER Vermont Cheese Council and Shelburne Farms PO Box 165 Randolph, VT 05060	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