

Mule Days Celebration
Concession Insurance Application
Due March 13, 2021

Name of Company/Organization _____

Name of Exhibitor _____

Address: _____

City/State/Zip Code _____

Phone Number _____

Type of Products or Food to be sold:

Years of Experience: _____ Gross Receipts for this event: _____

Have you ever been canceled or refused insurance coverage? _____

If yes, please explain: _____

Losses in the last 5 years? _____

I hereby warrant and confirm that the above information, to the best of my knowledge is true and correct. I further certify that I have read all of the questions and answered everything on this application.

I understand this application is a requirement for coverage, a part of the contract, and evidence of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all Insurance coverage.

It is understood and agreed that the completion of this application shall not be binding to either proposed insured or the company until accepted by the company or companies in writing.

Fee for this coverage is \$100, additional booth fee is \$40, make the check payable to: Mule Days Celebration.

Signature: _____ **Date:** _____

Mail To: Mule Days Celebration
1141 N. Main St.
Bishop, CA 93514