

HOLD HARMLESS AGREEMENT

2011 EXHIBITOR INSURANCE AGREEMENT Insurance Information & Requirements

All exhibitors will be required to provide proof of general liability insurance by providing a certificate of insurance – OR – through payment of an additional insurance fee of \$110 to be included in the general liability policy for Simi Valley Days Foundation.

Certificate of insurance will be as follows:

General Liability written through an insurer rated A+ (or better) by Best's Rating Guide or a California admitted Insurer with limits of liability not less than \$1,000 000 per person/ \$1,000,000 per occurrence for Bodily Injury and \$1,000,000 Property Damage limit or \$1,000,000 Combined Single Limit of Bodily Injury and Property Damage liability.

Certificate of Insurance will name Simi Valley Days Foundation, Inc., Simi Valley Days Committee and Rancho Simi Parks & Recreation as Additional Insured and **MUST** be received no later than September 1, 2011 by mailing with your booth application to:

After Sept. 1st
E-mail or Fax to;
svdmerch@yahoo.com
fax (805) 527 4319

All exhibitors agree to "hold harmless" Simi Valley Days Foundation, Inc. and Simi Valley Days Committee from any and all loss or liability resulting at any time from injury to or the death of any person or persons and/or omission of yours, your agents, employees and/or patrons, or any damage to property owned or in care, custody and control, or resulting from non-compliance with any law, ordinance, or regulation regarding the condition or use of your operation, and to indemnify Simi Valley Days Foundation & Simi Valley Days Committee as to all costs, expenses, damages including reasonable attorney fees relating to your operation at said event.

Under no circumstances will Simi Valley Days Foundation, Inc. assume liability for any vendor, exhibitor, participant or volunteer without prior written approval from Simi Valley Days Foundation's Insurer.

In the event your organization does not have general liability coverage, please complete the Additional Insured – Exhibitor application attached to this Agreement.

TAKING ADVANTAGE OF THIS OFFER DOES NOT ELIMINATE THE EXHIBITOR'S RESPONSIBILITY TO PROVIDE WORKERS' COMPENSATION INSURANCE PROTECTING THE EXHIBITOR'S EMPLOYEES AS REQUIRED BY THE STATE OF CALIFORNIA, NOR DOES THIS OFFER PROTECT THE EXHIBITOR'S INTERESTS AND INSURANCE COVERING EXHIBITOR'S CONTENTS OR ACTIVITIES OUTSIDE OF THE SIMI VALLEY DAYS ACTIVITIES.

Signature _____ Date _____