

2011 EXHIBITOR APPLICATION FOR ADDITIONAL INSURED ENDORSEMENT

Insurance Fee All exhibitors ...\$110

PREMIUM IS FOR THE PERIOD OF SEPTEMBER 23-25, 2011
(plus set up and take down) ONLY

Please complete the information below and forward along with your check payable to
Simi Valley Days Foundation for \$110 for each booth on or before Sept 1, 2010
along with your booth application to:

**Simi Valley Days Foundation, Inc.
Merchant and Craft Committee
P.O. Box 164
Simi Valley, CA 93065-0164**

It is understood and agreed that these insurance provisions do not and will not apply to any
Carnival Ride, Rodeo or Carnival Booth.

Please provide the following information regarding your venue:

Company Name: _____

City of Simi Valley business tax certificate number: _____

Owner: _____

Address _____

Telephone Number: _____ Best time to call: _____

Is Company Incorporated? () Yes () No

Type of Operation (business): _____

Number of booths or spaces at Simi Valley Days: _____

of paid employee: _____ Do you carry Worker's Compensation Insurance? _____

If yes, name of carrier: _____

Estimated gross income during Simi Valley Days: _____

Do you use any chemicals, compressed gases or flammable substances? _____

If yes, describe: _____

Will you have a portable fire extinguisher on hand during Simi Valley Days? _____

Owner's Signature: _____ Date: _____