



## 2019 Brews and Blues Brewery Vendor Information

**Date of Event:** Saturday, November 9, 2019

**Location:** 1000 Islands Harbor Hotel, 200 Riverside Drive, Clayton, NY 13624

**Contact:** Bobby Cantwell  
PH: 315-882-3145  
Email: info@claytonbrewsandblues.com

**Proceeds to benefit the  
"1000 Islands School  
Back Pack" Program and  
the Clayton Food Pantry.**

**Event Hours:** Session 1      11:00am – 2:00pm  
Session 2      3:00pm – 6:00pm

**Set-up time:** Specific times will be set before the event. Vendors will receive notice no less than 15 days prior to event.

**Booth Fees:** \$50.00 (Non-Refundable)

**Keg Reimbursement:** ALL Craft Brew Vendors will be reimbursed \$75.00 for product used for tastings. A reimbursement form will be provided for product used must be submitted to event organizers before leaving the event. Checks for reimbursement will be mailed no later than 14 days after the event.

**Beer Varieties:** Each craft brewery may bring up to 4 varieties of beer.

**Booth Spaces:** 10' wide x 10' deep  
Vendors will be provided one 6' table with 1 tablecloth

**Set up:** Vendors will set up on Friday, November 8<sup>th</sup> from 3:00pm- 9:00pm and Saturday, November 9<sup>th</sup> from 7:00am- 10:00am.

**Tear Down:** Vendors are required to tear down at the conclusion of the event.

**Hotel Accommodations:** A special rate of \$99.00 (plus tax) will be available to all vendors at the 1000 Islands Harbor Hotel. More information on the hotel will be provided on your contract if you wish to take advantage of the special pricing. When calling into the hotel please mention you are a Brews & Blues Vendor.

**Vendor Badges:** Each vendor will be provided 4 vendor badges when. These will be given to each vendor on Friday, November 9<sup>th</sup> during vendor set up. Vendor badges must be worn by you and your employees during the duration of the event.

**Electric:** Booths with electric are limited. Please indicate if you need electric on the Vendor Application. You will be notified if your booth will have electric. It is at the discretion of the 1000 Islands Harbor Hotel to determine which vendors will have access to electric.  
If you are requesting electric, please list the items you will be using this for on the Vendor application. If you are approved for electric, you may only use the items listed on your Vendor Contract. The 1000 Islands Harbor Hotel will ask you to remove any unapproved items from the event.

**Indemnifications/Insurance-** All approved contracts will have specific indemnifications and insurance requirements. The contract will read as such:

The VENDOR, its affiliated companies and subsidiaries, agrees to be responsible for, and to defend, hold harmless, and indemnify Clayton Harbor Hotel, LLC, its parent subsidiaries, limited liability and affiliated companies and their respective shareholders, officers, directors, employees, members, agents and assigns (the "Indemnified Parties"), including reasonable attorney's fees, of liability whether by reason of injury (including death) to the person or property of another or otherwise arising in connection with this Agreement. The Obligations of VENDOR hereunder shall extend to claims alleging an indemnification Party's sole negligence, willful misconduct or violation of law unless adjudicated as such by a court of common law.

The VENDOR, its affiliated companies and subsidiaries shall secure and maintain during the period of this Agreement Commercial General Liability Insurance, which shall be written on an "occurrence" basis, with a standard broad form endorsement and/or excess umbrella liability with combined single limit of not less than \$500,000 for each occurrence and \$500,000 general aggregate. Proof of this insurance shall be provided to the Clayton Harbor Hotel not later than prior to the beginning of the work to be performed described herein.

On such policy, the VENDOR agrees to name **Clayton Harbor Hotel, LLC, its parent, subsidiaries, limited liability and affiliated companies and their respective shareholders, officers, directors, employees, members, agents and assigns as respect to the Blues and Brews Event on November 9, 2019** as additional insureds and to provide a certificate of such coverage no later than October 21, 2019.

VENDORS shall carry at least the statutory minimum Workers' Compensation Insurance required to adequately comply with the laws of New York State. A copy of the VENDORS certificate of workers compensation insurance must be provided to the Clayton Harbor Hotel prior to the event. (Please see the sample Insurance Certificate attached.)

**Decorating/Additional Furniture Needs:** Any and all decorations for the Blues & Brews Event will be handled by the Clayton Harbor Hotel. While vendors are encouraged to individualize their vendor space the hotel will ask that they stay within their designated space. No items should be placed outside of the booth space as to maintain a clear walkway. **The Clayton Harbor Hotel request that NO staples, nails, pins, or tape be used on the walls and/or floors under any circumstance.**

Vendors bringing their own tenting are responsible for arranging their own furniture and décor. Any additional furniture needs should be requested directly through the hotel 30 days prior to the event.

**Sub-Renting:** Under NO circumstances may you sub-rent your vendor space to any other vendor.

**Security:** The Clayton Harbor Hotel will arrange to have security on-site during the event; however, this in no way implies responsibility on the part of the hotel for lost/stolen items.

**Under NO circumstances will a vendor be allowed to set up unless we have a copy of their New York State License, a current insurance certificate using the proper wording stated above, and a fully executed contract.**



**2019 VENDOR APPLICATION**

Business: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Booth(s) requested: \_\_\_\_\_

Would you like to request power? \_\_\_\_\_ YES \_\_\_\_\_ NO

Description of items at vendor booth: \_\_\_\_\_

If you plan to bring your own tent, please describe and include a color photograph: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return application NO LATER THAN SEPTEMBER 30, 2019 to:**

1000 Islands Harbor Hotel/ Blues & Brews

Attn: Lynn Thompson

200 Riverside Drive

Clayton, NY 13624

Phone: 315-686-1100

Fax: 315-686-1101

Email: lthompson@harthotels.com

**\*\*Please do not include payment with your application, you will receive a contract if application is approved\*\***



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/14/2019

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: <b>Leslie Hockey</b>
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): <b>315-686-3360</b>
	E-MAIL ADDRESS: <b>lhockey@getovia.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Carrier Information</b>
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

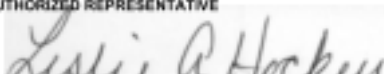
COVERAGES      CERTIFICATE NUMBER: 00000000-0      REVISION NUMBER: 2

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	Y	Y		EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> _____ \$ _____ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY				COMBINED SINGLE LIMIT (Per person) \$ _____ _____ (Per accident) \$ _____ _____ (Per accident) \$ _____ _____ (Per accident) \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Clayton Harbor Hotel, LLC, its parent, subsidiaries, limited liability and affiliated companies and their respective shareholders, officers, directors, employees, members, agents and assigns are additional insured as respect to the Blues and Brews Event on November 9, 2019**

<b>CERTIFICATE HOLDER</b>  Clayton Harbor Hotel, LLC 200 Riverside Dr Clayton, NY 13624	<b>CANCELLATION</b>  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  (LAH)
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