

# Exhibits

# Collier Fair Vendor

# Packet



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# **IMPORTANT INFORMATION**

## **EMPLOYEE FORM**

- Please make sure that the employee form is filled out accurately, completely and neatly, by FEBRUARY 1, 2023. Do not send in incomplete forms they will be deemed invalid upon receiving.
- Employee pictures must be emailed by February 1, 2023 to [natalie@collierfair.com](mailto:natalie@collierfair.com). Employees will be asked to show ID at Fair when picking up ID Badges. Badges will be strictly enforced for the 2023 Fair. Anyone not wearing a badge will not be allowed on the fairgrounds.
- If employee form is sent and does not meet the requirements, the form or parts of it will be invalidated and you will have to pay \$50 per ID upon fair arrival for any employees that were not preapproved on February 1, 2023. The sheriff department will not accept forms that are not filled out appropriately. REMINDER ANY ID's that are made at FAIR TIME WILL BE \$50.

## **INSURANCE**

- All certificates of insurance must be turned in by February 14, 2023.
- Make sure that all the required information is on the insurance. We have attached a guide to help you go through your insurance.

## **RV RESERVATIONS**

- Make sure that your RV reservations are in before March 1, 2023.

## **(A.) PARTICIPANT'S MANUAL**

**ALL VENDORS** ARE RESPONSIBLE FOR PURCHASING BADGES FOR THEMSELVES AND ALL EMPLOYEES, SPOUSES AND ANYONE ON GROUNDS WITH THEM UNLESS THEY ARE A MINOR CHILD.

ABSOLUTELY NO SIGNAGE,  
WATERCOOLERS OR SUCKERBOARDS IN  
MIDWAY. IT IS A FAIR LIABILITY; WE WANT OUR  
WALK WAYS OPEN.

YOU PAID FOR SPACE NOT THE WALKWAY.  
THANK YOU FOR YOUR UNDERSTANDING.

**PROOF OF INSURANCE MUST BE RECEIVED BY  
FEBRUARY 14, 2023.**

**BALANCE OF PAYMENT MUST BE RECEIVED BY  
FEBRUARY 1, 2023  
OR YOUR SPACE WILL BE SOLD**

### **ATTENTION CONCESSIONIARES:**

DUE TO INSUFFICIENT FUND CHECKS BEING WRITTEN  
TO THE COLLIER FAIR **NO CHECKS WILL BE  
ACCEPTED AFTER FEBRUARY 1, 2023.**

CASH OR MONEY ORDER ONLY WILL BE THE  
ACCEPTED FORMS OF PAYMENT FOR ANY PURPOSE  
AFTER THAT DATE.



**2023**  
**COLLIER FAIR**  
**DATES AND HOURS**

Thursday, March 16, 2023, 6p.m. -11 p.m.

Friday, March 17, 2023, 6p.m. - 12a.m.

Saturday, March 18, 2023, 1p.m.-1a.m.

**Note: Jr. Deputy's from 9am.-12pm.**

Sunday, March 19, 2023, 1p.m.-10p.m.

Monday, March 20, 2023, 6p.m.-11p.m.

Tuesday, March 21, 2023, 6p.m.-11p.m.

Wednesday, March 22, 2023, 6p.m.-11p.m.

Thursday, March 23, 2023, 6p.m.-11p.m.

Friday, March 24, 2023, 6p.m.-12a.m.

Saturday, March 25, 2023, 1p.m.-1a.m.

Sunday, March 26, 2023, 1p.m.-10p.m.

# CONCESSIONAIRE & DELIVERY INFORMATION

Sysco

**Greg Glover** - 239-202-7093

Orders need to be in by first Thursday before the fair and second Thursday during the fair.

## SERVICE DAYS

ABC Fire	3-14-23	3-15-23	3-16-23	
<b>Saxon</b> - 239-595-8251	Monday	Tuesday	Wednesday	
Gas Company	3-16-23	3-18-23	3-23-23	3-25-23
<b>First Class Plumbing</b> 239-597-9997 C.O.D ONLY	Wednesday	Friday	Wednesday	Friday

Welder

**Matt Kent Repairs**

Matt Kent

239-253-9002

RV Pump-Out

**Monty Sanitation**

Cost \$40.00 Pay in the Fair Office and Get Pump-out Ticket

Pump-outs available every day

**UPS** 239-403-7438

**FED EX** 800-463-3339

**\*\*\*\*ALL DELIVERIES WILL BE PICKED UP OUTSIDE THE FRONT GATE OF THE FAIR OFFICE. NAMES WILL BE ANNOUNCED OVER THE P.A. FOR PICK UP. THE FAIR OFFICE WILL NOT SIGN FOR ANY DELIVERIES\*\*\*\***

## **(B.) RULES AND REGULATIONS**

1. FIRE DEPARTMENT RULES
2. HEALTH DEPARTMENT RULES

**(C.) ELECTRICAL HOOK-UP FORM**

Fee:

10 x 10 space \$100

Anything over 10 x 15 \$300

Electrical requirements at location:

AMPS \_\_\_\_\_

Volts \_\_\_\_\_

Phase \_\_\_\_\_

30\_\_\_ 50\_\_\_



**(D.) CONCESSIONAIRE’S INSURANCE PROCEDURE**

**NOTE: THE COLLIER FAIR DOES NOT SELL LIABILITY INSURANCE.**

Individual Vendors are responsible for carrying liability insurance for the 2023 Fair. Each policy must be for at least \$1,000,000 (one million dollars). **Each policy MUST list the following as:**

“Additional Insured”:

Collier County Agricultural Fair and Exposition, Inc.  
Collier County Fair Board  
Collier County Government  
Collier County Board of Commissioners

All of these must be on your policy or it will not be accepted!

All Golf Carts that are being used by vendors on the fairgrounds must show proof of coverage on them or you will not be allowed to drive them on the fairgrounds.

Please also submit a copy of your “Workmen’s Compensation policy.

Once your application has been accepted, you are required to provide the Fair with your proof of Insurance. **All policies must be submitted to our Insurance Company for approval; therefore, we must receive all vendor/concession policies by FEBRUARY 14, 2023. Vendors who arrive without proof of Insurance will not be allowed to set up.**

This form must be signed, dated and returned to us stating that you have received these requirements and understand them.

Thank you,

Don Jolly  
Concessions Manager

I have read and understand the insurance policy that the Collier Fair has implemented for the 2023 Fair.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Vendor/Concession Name \_\_\_\_\_

# **Certificate of Insurance Guide**

**From your friends at  
Haas & Wilkerson Insurance  
(800) 821-7703**

## **Certificate of Insurance Guide**

### **(Refer to sample certificate of insurance)**

#### **Item 1. (Producer)**

The producer section identifies the insurance broker providing coverage to the insured entity. The producer can be utilized as a reference for coverage issues and as a contact regarding claims arising from the entity's activities/operations.

#### **Item 2. (Companies)**

This section identifies the specific insurance carrier(s) providing the coverage described in the certificate of insurance. Unknown carriers can be researched for financial stability and size utilizing A.M. Best rating information. We recommend you reject certificates of insurance issued utilizing carriers rated 'B' or lower by A.M. Best.

#### **Item 3. (Insured)**

This section identifies the named insured afforded coverage by the certificate of insurance. Be sure the entity named in Item 3 matches the name of the entity you have contracted with.

#### **Item 4. (General Liability)**

This section provides information regarding the type of coverage, policy number, coverage inception and expiration dates and limits of liability. Be sure to check the following:

- A. The 'occurrence' box is checked rather than the 'claims made' box. If the policy is claims made coverage, notify your broker immediately.
- B. Your event dates should fall within the inception and expiration dates noted.
- C. Review the coverage limits. Do not accept limits lower than your own. Certificates that do not show a limit under the 'Products – Comp/Op Agg' should be rejected.

## **Certificate of Insurance Guide (cont'd)**

### Item 5. (Automobile Liability)

As with Item 4 above, your event dates should fall within the inception and expiration dates noted.

### Item 6. (Workers' Compensation)

Any contractor utilizing employees should be required to show proof of workers' compensation. Again, your event dates should fall within the inception and expiration dates noted.

### Item 7. (Other)

This section is utilized to evidence miscellaneous coverage that may be required. If the entity is selling alcohol, evidence of liquor liability should be required and noted in the 'other' section.

### Item 8. (Description of Operations ...)

This section of the certificate is typically utilized to name your organization as an 'Additional Insured' under the policy.

This section can also be utilized to address special coverage considerations. (Example – proof of athletic participant liability for sports events.)

### Item 9. (Certificate Holder)

This section identifies your organization as the certificate holder. Be sure it shows your correct legal name.

**Important – See comments regarding additional insured status on next page.**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/11/05

PRODUCER  
**1.** Haas & Wilkerson, Inc.  
913-432-4400  
PO Box 2946  
Shawnee Mission, KS 66201-1346

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**2. COMPANIES AFFORDING COVERAGE**

COMPANY A Insurance Company Name Here  
COMPANY B Insurance Company Name Here  
COMPANY C Insurance Company Name Here  
COMPANY D

INSURED  
**3.** Name & Address of Vendor/  
Exhibitor/Independent  
Contractor here

**COVERAGES**

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	<b>GENERAL LIABILITY 4.</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	Policy # here	Incept. Date here	Expira. Date here	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 1000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 500000 MED EXP (Any one person) \$ 5000												
B	<b>AUTOMOBILE LIABILITY 5.</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy # Here	Incept. Date here	Expira. Date here	COMBINED SINGLE LIMIT \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$												
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$												
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$												
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 6.</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	Policy # Here	Incept. Date here	Expirat. Date here	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> <td></td> </tr> <tr> <td>EL EACH ACCIDENT</td> <td></td> <td>\$ 100000</td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 500000</td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 100000</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER		EL EACH ACCIDENT		\$ 100000	EL DISEASE - POLICY LIMIT		\$ 500000	EL DISEASE - EA EMPLOYEE		\$ 100000
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	<b>OTHER 7.</b>																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**8.** THE CERTIFICATE HOLDER BELOW IS ADDED AS AN ADDITIONAL INSURED  
\*See special considerations

**CERTIFICATE HOLDER**

**9.**  
Your 'legal' organization  
name and address here

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  
AUTHORIZED REPRESENTATIVE

**(E.) R.V RESERVATION FORM**

There is a flat fee for R.V. Space during the Collier Fair:  
R.V. Space = \$400.00

Owners Name: \_\_\_\_\_

Concession Name: \_\_\_\_\_

You're License Plate Number: \_\_\_\_\_

R.V. Permit Number: \_\_\_\_\_  
(must be placed in a highly visible area on R.V.)

Number of R.V. \_\_\_\_\_ x \$400.00 = \_\_\_\_\_  
Includes electric

R.V reservation form and monies are due when signed License is returned by Vendor/Concessionaire to the Fair Office. All R.V. pump outs should be done one day in advance and are cash only. Pump out tickets must be obtained when paying at the Fair Office.

R.V. space is reserved on a first come first serve basis. Location depends upon your arrival time.  
**We will only reserve the number of spaces that are reserved on this form.**

All R.V. spaces must be vacated by 5:00 P.M on March 27, 2023. Any additional nights must first be approved by the Collier Fair Office.

Additional Night Rates are \$50.00 per night per vehicle.