

Carroll County Fair Assoc.  
P.O. Box 548  
Milledgeville, IL 61051

**INSURANCE FORM**

**\$100.00 Food Vendors**

**\$50.00 Exhibit Vendors**

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

**Company Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Product:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_

**Claims within the last year: Yes / No** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

**Amt Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check #:** \_\_\_\_\_