

**PRIMARY VENDORS LIABILITY APPLICATION
CARROLL COUNTY FAIR
ALLIED SPECIALTY INSURANCE
Non-Food \$75.00/Food \$100.00**

Fair Dates: _____

Set up & Tear down Dates: _____

Legal Name of Vendor: _____

dba (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

PRIMARY Phone: _____

E-Mail: _____

Number and Type of Units for Vendor: _____

_____ Booth _____ Kiosk _____ Kart _____ Trailer _____

_____ Stick _____ Joint

Describe product or service provided for this vendor: _____

In past 3 years has this vendor had a claim at the fair:

Applicant signature

Date

**APPLICATION MUST BE RETURNED WITH SIGNED CONTRACT FOR VALID
INSURANCE COVERAGE A MINIMUM OF 10 DAYS PRIOR TO THE OPENING DATE**