

2017 PALO CEDRO HONEY BEE FESTIVAL  
VENDORS, NON-PROFIT AND YOUTH GROUPS

**INSURANCE INFORMATION**

NAME OF ORGANIZATION OR INDIVIDUAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE\_EMAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

TYPE OF COVERAGE \_\_\_\_\_

LIABILITY LIMIT \_\_\_\_\_

Vendor agrees to indemnify the Honey Bee Festival; Palo Cedro Community Action Team (Park Committee) Bishop Quinn Catholic Community Center and the Roman Catholic Bishop of Sacramento and their officers, directors, employees, attorneys, and agents, to hold them free and harmless therefore against all such liabilities, claims and damages. This information can be mailed with the Application and Vendor Agreement.

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Signature of Responsible Party

Deadline August 10, 2017

Please return your application along with the signed agreement and insurance information to:

Honey Bee Festival  
Attn: Booth Chairman  
P.O. Box 1174  
Palo Cedro, CA 96073