



REQUEST FOR INSURANCE FORM

Vendor/Exhibitor

Event Name: _____ Event Date(s): _____ Est. Attendance: _____

Business Name: _____

Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

List ALL products, activities, displays to be on site: _____

BELOW IS A PARTIAL LISTING OF INELIGIBLE EXHIBITORS OR VENDORS
ALL SUBMISSIONS ARE SUBJECT TO UNDERWRITING

- | | | |
|---------------------------------------|-----------------------|---------------------------------------|
| x CBD Vendors | x Ear Piercing Booths | x Exotic Animals |
| x Fireworks and Weapons | x Haunted Houses | x Inflatable Amusements |
| x Liquor Stands | x Mechanical Rides | <i>(Includes: Moonwalks, Bounces,</i> |
| x Medical/Dental/Blood - Tests, Exams | x Metallic Balloons | <i>x Motorsports Activities</i> |
| x National Companies/Chain Stores | x Organ Grinders | x Tattoo Parlors (Permanent) |
| x Wheelchair/Stroller Rentals | | |

ITEMS LISTED BELOW REQUIRE UNDERWRITING APPROVAL & ADDITIONAL PREMIUM

- | | | |
|------------------|---------------|---------------|
| x Dunking Booths | x Game Booths | x Petting Zoo |
| x Pony Rides | | |

Applicant(s) Signature: _____ Date: _____

1 x \$80.00 (First Location Fee) + _____ x \$33.00 (Per Additional Location Fee) = _____ **TOTAL DUE**

METHOD OF PAYMENT:

CREDIT CARD (Preferred) – Upon receipt of this completed form, an invoice for the total amount due will be sent from Clover on behalf of the State Fair of Virginia/Virginia Farm Bureau Holding Corporation/Meadow Event Park. *We accept MasterCard, Visa, and Discover; We DO NOT accept American Express.

**Print contact information below to which the invoice should be sent:*

Name: _____ Email: _____

CHECK – Check #: _____ Date Issued: _____ Date Mailed: _____

*Payable to: VIRGINIA FARM BUREAU HOLDING CORPORATION/MEP

*Return completed form & payment to: VFBHC/MEP, ATTN: VENDOR/EXHIBITOR/MANAGER, PO BOX 130, DOSWELL, VA 23047