



VENDOR AGREEMENT

FEBRUARY 19-21, 2021 – SARASOTA FAIRGROUNDS

Business Name: _____ Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: () _____ Fax: () _____ Email: _____ Cell: _____
 List Items You Sell: _____

One Price – Three Days – One Location!

*All vendor payments include (2) weekend armbands into the Festival. Additional armbands must be purchased for \$5.

Friday, February 19, 2021

Event Hours 5:00 pm - 10:00 pm

Saturday, February 20, 2021

Event Hours 11:00 am - 10:00 pm

Sunday, February 21, 2021

Event Hours 12:00 pm - 5:00 pm

	Payment received on or before Dec. 31 st	Payment received on or after Jan. 1 st
<input type="checkbox"/> 10w x 10d	\$375	\$425
<input type="checkbox"/> 20w x 10d	\$475	\$525
<input type="checkbox"/> 30w x 10d	\$575	\$625
<input type="checkbox"/> 40w x 10d	\$675	\$725
<input type="checkbox"/> 20w x 20d	\$675	\$725
<input type="checkbox"/> 30w x 20d	\$775	\$825
<input type="checkbox"/> 40w x 20d	\$875	\$925
<input type="checkbox"/> Trailer Display	\$1,000	\$1,100

Select Arrival Date

- Thursday, February 18 between 9 am and 5 pm
- Friday, February 19 between 9 am and 3 pm

*If desired size is not listed, please contact Vendor Setup Manager for pricing.

Venue Will Provide

- 24 hour overnight security (Thursday through Sunday)
- Full Service & Dry Camping Available
- Please email: christina@sarasotafair.com
- or call (941) 365-0818 to reserve your spot
- Onsite restrooms/convenient parking

Electricity - Please check if needed and include with your vendor payment.

Electric (110V) \$50

*Please Note: Should you not require electric, please supply your own whisper watt style generator

Vendor Setup Manager

Kevin Baylor (941) 524-6014
kevbaylor@gmail.com

Payment Policy

All payments are non-refundable and may be made by cash, check or credit card. All vendor fees are donated to the Suncoast Charities for Children and are 100% tax deductible. **All payments, proof of liability insurance, and signed vendor agreement must be received by February 9, 2021.** *Please read the Covid-19 refund policy and vending requirements on the terms and conditions page.

For Credit Card Payments/Agreement Questions Contact: Lisa Baer at assist@suncoastcc.org | (941) 706-3685.

Check or Money Orders Payable To: Suncoast Charities for Children

Mail Payment and Vendor Agreement To:

Suncoast Charities for Children
 5317 Fruitville Rd. - Suite 43, Sarasota, FL 34232
 Fax: (941) 706-3825



Signing for Vendor

Signature _____ Print Name _____
 Title _____ Date _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-HELP-FLA OR ONLINE AT www.FloridaConsumerHelp.com. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. REGISTRATION #: CH4531

PLEASE READ THE INSURANCE REQUIREMENTS (LISTED UNDER VENDOR TERMS AND CONDITIONS) BEFORE SUBMITTING YOUR APPLICATION & RETAIN A COPY OF BOTH PAGES FOR YOUR RECORDS.

THUNDER BY THE BAY MUSIC & MOTORCYCLE FESTIVAL

VENDOR TERMS & CONDITIONS

Covid-19 Refund Policy *Vendors Must Comply To Covid-19 Health & Safety Measures Implemented By The Festival

Should the Festival be prohibited to take place, due to Covid-19 mandates from local, state or federal government, vendors will have the option of the charity retaining their payment and directing it towards the 2022 Thunder By The Bay Music & Motorcycle Festival (Feb. 18-20, 2022) or receiving a full refund. Suncoast Charities for Children will implement all recommended and necessary safety measures to safeguard the health, safety, and well-being of all sponsors, vendors, bands, volunteers, staff, and attendees.

Covid-19 Vendor Requirements

- Vendors must provide signage limiting the number of people within their area at one time to promote proper social distancing.
- Vendors must have hand sanitizer readily available at their booth for customer usage.
- Vendors may include signage requesting that all customers entering their tent wear a mask.

Directions To Venue (Sarasota Fairgrounds - 3000 Ringling Blvd. – Sarasota, FL 34237)

- Take I-75 to Exit 210 and head West on SR78
- Turn left (approx. 2 miles West of I75) onto Brink Avenue
- Turn left onto Ringling Blvd.
- Turn right onto S. Pompano Avenue
- Vendor check-in is at Gate 5

Insurance Requirements *Please Submit Exactly As Attached COI Samples Indicate

All vendors selling items must have two separate Certificates of Insurance with the following requirements:

- Liability and Personal Injury in minimum amounts of \$1,000,000.00
- Property Damage in the amount of \$50,000.00
- Certificates shall name **Suncoast Charities for Children** and **Sarasota County Agricultural Fair Association, Inc.** as additional insured
- All coverages shall be written on an Occurrence rather than Claims Made Basis
- Lessee shall obtain and keep policy in force until completion of event, including set up and tear down
- Vendors will not be permitted to set up without correct Certificates of Insurance

Full Service Camping Information *Direct All Inquiries To: christina@sarasotafair.com | (941) 365-0818

All camping must be contracted and paid directly through the Sarasota County Fairgrounds prior to the Festival starting. A camping agreement is posted on the vendor page of thunderbythebay.org. Please download the camping agreement & e-mail directly to the Sarasota County Fairgrounds.

Tent Rental Information

All tents must be secured and weighted down against the wind. You will be responsible for providing lighting in your tent if you plan to stay open after dark on Saturday night. Should you need to rent a tent, please contact Lisa at assist@suncoastcc.org | (941) 706-3685.

Vendor Guidelines

- Vendors will be placed upon arrival at Festival venue
- Festival officials not responsible for lost or stolen items
- Festival officials reserve the right to accept or reject any applicant for any reason
- No obscene merchandise, or merchandise that could be considered drug paraphernalia can be displayed or sold
- No merchandise displaying the wording “Thunder By The Bay” will be allowed unless approved by Festival Officials prior to the festival
- No official Harley-Davidson merchandise may be sold other than by the licensed Harley-Davidson dealer in Sarasota
- Vendors are responsible for filing their own sales tax
- Vendors will be responsible for any damage to landscaping or landscape within their designated area.
- Vendors must comply with parking in designated areas as directed upon arrival by Festival Officials
- Thunder By The Bay is rain or shine - No refunds on vendor fees
- No motorcycle sales other than by local authorized Harley-Davidson dealer
- We do not offer “exclusive merchandise category”
- All vendors must leave location clean of trash and debris upon teardown
- All support trailers must fit within their vending area booth size. No trailers or support vehicles can be left behind a vendor space
- No displays can be broken down until the Festival closes at 5 pm on Sunday, February 21. All vendors not torn down on Sunday after the Festival ends must have their displays torn down by 10 am on Monday, February 22.
- No vehicle traffic inside the Festival grounds during event hours



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER First [REDACTED]	CONTACT NAME: [REDACTED]	FAX (A/C. No.): [REDACTED]
	PHONE (A/C. No. Ext): [REDACTED]	E-MAIL ADDRESS: [REDACTED]
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE	
	INSURER A: [REDACTED] Company	NAIC # [REDACTED]
	INSURER B: [REDACTED]	

If the name insured is not your DBA please ensure to add the DBA here or we do not know what vendor the policy is for

COVERAGES **CERTIFICATE NUMBER:** [REDACTED] **REVISION NUMBER:** [REDACTED]

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN MAINTAINED AND ENFORCED 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	[REDACTED]	9/1/2020	9/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 AI001 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE <input type="checkbox"/> ANY A <input type="checkbox"/> ALL O <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED AUT		[REDACTED]			COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 (Per accident) \$ BI (Per SE) \$ Insured motorist BI single limi \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	[REDACTED]	9/1/2020	9/1/2021	EACH OCCURRENCE \$ AGGREGATE \$ DED RETENTION \$
B	WORKERS COMPENSATION		[REDACTED]	9/1/2020	9/1/2021	PER STATUTE \$ 1,000,000 OTH-ER \$ 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000
B	Event dates 2/18/21 - 2/22/21		[REDACTED]	9/1/21	11	\$200,000 2million

Must be on occurrence NOT claims made basis

*Liability minimum \$1,000,000
*Property damage minimum \$50,000
*Personal injury minimum \$1,000,000

If event dates are in this box they MUST include set up (Feb. 18) and tear down (Feb 22) dates. NOT just Festival dates

In this box it must show us as additional insured. Can be either of these two formats. If additional insured verbiage references a form or attachment you MUST provide this with your certificate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: [REDACTED] RD 101, Additional Remarks Schedule, may be attached

Event dates 2/18/21 - 2/22/21

The Certificate Holder is included as Additional Insured

Sarasota County Agricultural Fair Association Inc. is additional insured

CERTIFICATE HOLDER Sarasota County Agricultural Fair Association Inc 3000 Ringling Blvd Sarasota, FL 34237	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THE POLICY MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS AND CONDITIONS. AUTHORIZED REPRESENTATIVE: [REDACTED]
--	---

Certificate holder must look EXACTLY like this



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: [REDACTED]	
First [REDACTED]		PHONE (A/C, No, Ext): [REDACTED]	FAX (A/C, No): [REDACTED]
[REDACTED]		E-MAIL ADDRESS: [REDACTED]	
INSURER(S) AFFORDING COVERAGE			
INSURER A: [REDACTED] Company		NAIC # [REDACTED]	
INSURER B: [REDACTED]		[REDACTED]	
INSURED		[REDACTED]	

If the name insured is not your DBA please ensure to add the DBA here or we do not know what vendor the policy is for

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		X	[REDACTED]	9/1/2020	9/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 AI001 \$ COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 (Per accident) \$ BE \$ Insured motorist BI single limit \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			[REDACTED]	9/1/2020	9/1/2021	EACH OCCURRENCE \$ AGGREGATE \$ DED RETENTION \$ E.L. EACH ACCIDENT \$ 1,000,000
B	WORKERS COMPEN AN			[REDACTED]	9/1/2020	9/1/2021	PER STATUTE \$ 1,000,000 OTHER \$ 1,000,000 \$200,000 \$million

Must be on occurrence NOT claims made basis

*Liability minimum \$1,000,000
*Property damage minimum \$50,000
*Personal injury minimum \$1,000,000

If event dates are in this box they MUST include set up (Feb. 18) and tear down (Feb. 22) dates. NOT just Festival dates

In this box it must show us as additional insured. Can be either of these two formats. If additional insured verbiage references a form or attachment you MUST provide this with your certificate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES AND 101, Additional Remarks Schedule, may be attached

Event dates 2/18/21 - 2/22/21

The Certificate Holder is included as Additional Insured

Suncoast Charities for Children is additional insured

CERTIFICATE HOLDER CANCELLATION

Suncoast Charities for Children
5317 Fruitville Rd Suite 43
Sarasota, FL 34232

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THE CERTIFICATE MUST BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS AND CONDITIONS.

AUTHORIZED REPRESENTATIVE

Certificate holder must look EXACTLY like this