

Orleans County
Cornell Cooperative Extension
12690 State Route 31
Albion, NY 14411

Tel: 585-798-4265
Fax: 585-798-5191
E-mail: orleans@cornell.edu
Web: cce.cornell.edu/orleans

Facility Rental Packet

Thank you for considering renting use of Orleans County Cornell Cooperative Extension's fairgrounds facilities! This packet provides information about donation rates and policies. User donations support 4-H youth development, agriculture, horticulture, and nutrition educational programs as well as facility maintenance. If you have any questions about use of the facilities, please contact a staff member at (585) 798-4265 x 22 or orleans@cornell.edu.

Rental Process

- 1. Contact OCCCE to ensure date availability. For new or large events you must schedule an appointment to review the contract, the facility, and your rental needs with a staff person.
- 2. Return the **Facilities Rental Application** (see pages 5-8) along with your **deposit** as soon as possible to reserve your date.
- 3. Submit full payment and **Certificate of Insurance** or **TULIP Liability Application** (see pages 7-9) at least 14 days before the rental or your rental may be cancelled and deposit forfeited.
- 4. Contact OCCCE to make an appointment to pick up keys between 8:30am - 4:30pm Monday through Friday.
- 5. After your event, keys should be returned to the office during regular business hours or left in the green drop box at the office entrance.
- 6. Your deposit will be returned within 2 weeks after your event IF all rental requirements are met (see page 2).



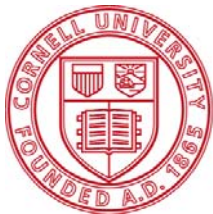
Lartz Building and 1977 World Record Pie



Knights Building & Outdoor Arena

Growing Resources for Tomorrow

Orleans County Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.



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Page 2
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What will OCCCE provide?

- Grounds and buildings in clean, working order.
- Basic utilities such as restroom paper products, trash cans, and garbage bags. Additional amounts will be at renters expense.
- Address requests specified in writing on a **Facilities Work Order** form submitted at least 14 days prior to rental. Emails will not be accepted. Additional charges may apply.



Pavilion

What is the renter responsible for?

Permits:

- Sales/serving of food to the public often requires a temporary food service establishment permit. Contact the Health Department at 585-589-3278 for permit details.
- Gatherings of 5,000 people or more require a gathering permit. Call the Orleans County Emergency Management Office at 585-589-4414 to inquire.
- Sales tax must be collected if taxable items are sold.

Licenses:

- If alcohol is to be served/sold, the individual/vendor must have a **New York State Liquor License** and provide a **Certificate of Insurance** showing the vendor has Liquor Legal Liability Insurance.

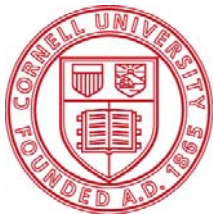
Set-up and clean-up:

- Pick up keys during business hours (8:30 am – 4:30 pm Monday through Friday).
- Set-up within the hours rented unless special arrangements have been made prior.
- In order to receive a refund of your deposit you must leave facilities in the condition in which they were at the beginning of the rental:
 - * Do not park on the grass if soil is wet and wheels cause ruts.
 - * All cigarette butts must be placed in appropriate receptacles.
 - * No decorations may be taped to the ceilings. Straight pins carefully placed are acceptable. All decorations attached to walls must be done with masking tape. **No duct tape** is to be used anywhere, including the tile floors.
 - * Do not clean stainless appliance surfaces.
 - * **Bag trash and deposit into the dumpster.**
 - * All clean-up must be done immediately following the event, including ceiling, floors, tables, chairs, and restrooms.
 - * Transport all manure to the manure pits on the south side of the Knights Building. Manure is to be removed from the inside of the buildings, arena, stabling area, and outside grounds including grass and parking areas.
- **Return keys and other rented items** (such as a portable PA system, etc.) to the office. Keys may be left in the green drop box at the office. Items not returned will be charged for replacement.

During the event, contact 911 for life-threatening or fire emergencies. Facilities calls for assistance should be made to the staff contact as listed. Assistance requiring a staff member on-site will be charged an hourly rate of \$25/hour.

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Facility Rental Application

The CORNELL COOPERATIVE EXTENSION ASSOCIATION of ORLEANS COUNTY (**EXTENSION**) gives permission to _____ (**LICENSEE**) for the use of (**FACILITIES REQUESTED**): check/circle all that apply

- | | |
|---|--|
| <input type="checkbox"/> Knights Building & Outdoor Arena (\$250) | <input type="checkbox"/> Senior Council (SC) Pavilion & Food Stand (\$140) |
| <input type="checkbox"/> Lartz Building (\$195) | <input type="checkbox"/> Grounds (East or West) (\$195) |
| <input type="checkbox"/> Llama Barn (\$100) | <input type="checkbox"/> Trolley Building (\$250) |
| <input type="checkbox"/> Cattle Barn (\$100) | <input type="checkbox"/> Fair Office (\$60) |
| <input type="checkbox"/> Pavilion & Cooking Shelter (\$185) | <input type="checkbox"/> Education Center Classroom(s) – circle all that apply |
| <input type="checkbox"/> Full Facility - contact OCCCE | Conference Room (\$60) Harrington Classroom (\$85) |
| | Medium Classroom (\$60) Curtis Classroom (\$85) |

On the **DATE(S)** of: _____

Set-up time Start: _____ Finish: _____ Date: _____

Event time Start: _____ Finish: _____ Date: _____

Clean-up time Start: _____ Finish: _____ Date: _____

Additional comments on event schedule (if needed):

FOR (DESCRIPTION OF EVENT): _____

Estimated age range of participants: _____ Estimated number of participants: _____

Facility Work Order Needed: _____

Check if alcohol to be: served _____ Or sold _____ (requires additional insurance)

Licensee Contact:

Name: _____ Email: _____ Phone: _____

Address: _____

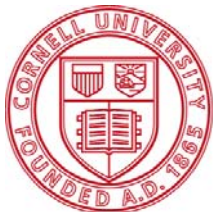
In the event the deposit is to be returned, please return to:

Name: _____

Address: _____

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The CORNELL COOPERATIVE EXTENSION ASSOCIATION of ORLEANS COUNTY (**EXTENSION**) gives permission to _____ (**LICENSEE**) for the use of **FACILITIES REQUESTED** (see page 1 for complete listing) on the **DATE(S)** of _____ subject to the following terms and conditions:

1. LICENSEE shall indemnify and hold harmless EXTENSION, their employees, volunteers, agents, Directors and officers and Cornell University from and against any and all actual or alleged claims, suits or demands of any kind and nature whatsoever that result from injury or illness to any person or persons, including death, or damage to property arising out of any act or omission of the LICENSEE, its employees, volunteers, participants or agents and arising out of its use and occupancy of the premises indicated above. LICENSEE shall be fully responsible for supervision and care of minors. LICENSEE is solely responsible for examining the facilities for suitability for all activities contemplated herein and accepts the facilities "as is".

2. The LICENSEE shall provide ____ a **Certificate of Insurance** to EXTENSION at least fourteen (14) business days prior to the first date of facility usage or event showing evidence of the following minimum limits of insurance or as required by law, whichever is greater or ____ Licensee agrees to purchase TULIP Liability Insurance through PW Wood Inc. Said certificate shall name **Cornell Cooperative Extension of Orleans County** as **Certificate Holder and Additional Insured** with not less than 10 days notice of cancellation. All insurance must be written in a New York State licensed insurance company with a Best's rating of A- or better. Certificate must be signed by an authorized representative of the insurance company and indicate the event/reason for facilities usage on the Certificate. Insurance required of the LICENSEE shall be primary and non-contributory in all respects to any insurance carried by EXTENSION and shall not look to EXTENSION insurance for any contribution toward claims arising out of the use of the Facilities by the LICENSEE. PW Wood & Son will review the certificate for approval.

- a. Comprehensive General Liability (CGL) including contractual and products/completed operations with a minimum combined single limit per occurrence of \$1,000,000/\$2,000,000 aggregate. If the general liability is from a policy of insurance commonly known as Business Owners Policy (BOP) or similar policy, the Certificate must indicate that the liability insurance provided under the BOP is primarily for this event/purpose. NO EXCEPTIONS.

If the organization is going to be conducting any overnight activities with youth during its use of the Facility, the CGL insurance must show coverage for **SEXUAL ABUSE ON THE CERTIFICATE**.

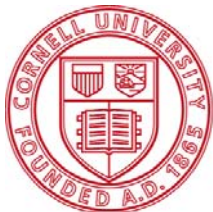
If overnight activities with youth, initial _____

If the activity involves **horses** the Certificate of Insurance must also indicate that there is **no exclusion for injury to participants**.

- b. **Worker's Compensation.** *If required by law, initial _____*
 - c. **Auto Liability.** If a business, \$1,000,000 / If an individual- \$500,000 or \$250,000/\$500,000. If no owned auto, non-owned auto liability required.
 - d. If alcoholic beverages are being furnished by a vendor (i.e., caterer) proof of Liquor Legal Liability and a Liquor License must be provided to EXTENSION. A certificate of insurance should be furnished showing that the vendor has **Liquor Legal Liability** insurance in the minimum amount of \$1,000,000.
 - e. If LICENSEE uses any other vendor, that vendor must provide a certificate evidencing the same coverage as shown above.
 - f. Additional insurance may be requested if required by insurance company based on the event.
3. Parking is permitted in the designated areas ONLY.
4. No use of the Facilities by the Licensee until all terms and conditions are met including insurance and authorized signature of CCE representative.

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5. LICENSEE agrees to obtain required permits for:
 - a. Sale or catering of food (Orleans County Health Department)
 - b. Large gatherings of over 5,000 people (Orleans County Emergency Management Office)
6. LICENSEE agrees to the following:
 - a. No open fires.
 - b. No alteration or repair of any building or equipment without approval.
 - c. No excavations.
 - d. Premises are vacated no later than 2:00 am after use.
7. EXTENSION reserves the right to expel any individual or group of individuals that may damage the facilities. LICENSEE agrees to leave premises in the condition in which they were upon arrival. In the event that any repairs must be made to building or equipment as a result of this rental, or if it is necessary to employ persons to clean up the facilities, the LICENSEE agrees to pay expenses and forfeit the deposit.

FOR STAFF USE ONLY
DONATION ASSESSMENT

RENTAL PAYMENT TERMS:

Refundable Deposit of **\$50** per building due with Application \$ _____
Additional Deposits: **\$25** (if renting a portable PA system)
\$100 (if serving alcohol) Date Received: _____

FACILITIES: Base Rental \$ _____

EQUIPMENT/ITEMS \$ _____

ADDITIONAL SERVICES: As stated on Facilities Work Order \$ _____

CAMPING: Number of electrical hookups needed _____ \$ _____

INSURANCE \$ _____

TOTAL DONATION: \$ _____

Full payment (in addition to deposit) of \$ _____ & _____ Certificate of Insurance or _____ TULIP (\$ _____)
Due Date: _____ Date Received: _____ Check #(s) _____

Facilities Walk-Through Appointment & Facilities Work Order (if applicable)
Due Date: _____ Date Received: _____

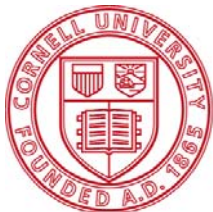
DEPOSIT REFUND: Amount \$ _____ Date Refunded: _____

If full deposit was not provided, indicate situation: _____ Damage to facility
_____ Items not returned _____ Used materials/facilities not specified in agreement
_____ Alcohol present & not in agreement _____ Failed to clean-up
_____ Police called to investigate incident _____ Other:

**IF payment & Certificate of Insurance are not received by date due,
rental of the facilities may be forfeited and the deposit will not be refunded.
OCCCE reserves the right to schedule other events until payment is received.**

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I/we (LICENSEE) consent to the terms/rules/conditions of said Use of Facilities Agreement as set forth by Cornell Cooperative Extension of Orleans County (EXTENSION). Failure to adhere to said rules/regulations/conditions as outlined in this Use of Facilities Agreement, and/or any other correspondence/forms relating to said usage, will result in loss of facilities use privileges without regard to compensation.

I/we (LICENSEE) agree to purchase additional insurance coverage from Cornell Cooperative Extension of Orleans County (EXTENSION) if we are unable to show proof of insurance as stated in this contract.

DATED THIS _____ DAY OF _____, _____.

LICENSEE

By: _____
Authorized Signature Title

Print Name Phone Number

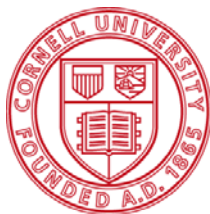
This form must be returned with your original signature prior to facilities usage to:
Cornell Cooperative Extension of Orleans County
12690 State Route 31
Albion, NY 14411

DATED THIS _____ DAY OF _____, _____.

EXTENSION BY: _____
OCCCE Board President or Director

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INSURANCE REQUIREMENTS

Certificate of Insurance requirements for personal or business insurance as outlined in the rental contract are as follows:

1. Name of the Insured must match Facility Rental Application exactly.
2. Cornell Cooperative Extension of Orleans County shall be named as Certificate Holder and Additional Insured.
3. An ACORD 25 (2014/01) or (2016/03) form must be used.
4. Coverage requirements -
 - a. Comprehensive General Liability (CGL) including contractual and products/completed operations, with a minimum combined single limit per occurrence of \$1,000,000/\$2,000,000 aggregate. If the general liability is from a policy of insurance commonly known as Business Owners Policy (BOP) or similar policy, the Certificate must indicate that the liability insurance provided under the BOP is primarily for this event/purpose. **NO EXCEPTIONS.**
 - If the organization is going to be conducting any overnight activities with youth during its use of the Facility, the CGL insurance must show coverage for Sexual Abuse on the certificate.
 - If the activity involves horses the Certificate of Insurance must also indicate that there is no exclusion for injury to participants. This may be noted as no athletic participation exclusion on the certificate.
 - b. Worker's Compensation if required by law.
 - c. Auto Liability: If a business \$1,000,000 / If an individual \$500,000 or \$250,000/\$500,000. If no owned auto, non-owned automobile liability is required.

A Certificate of Insurance template is on the page 8 for your reference.

IF your insurance does not meet the above requirements, TULIP Liability Insurance may be purchased to meet the insurance requirements (excluding Worker's Compensation or Sexual Abuse coverage) by submitting the application on page 9 along with a check made payable to P.W. Wood & Son, Inc. as listed on the application. The TULIP Policy meets the following insurance requirements:

1. Commercial General Liability
 - a. A minimum combined single limit per occurrence of \$1,000,000/\$2,000,000 aggregate
 - b. Cornell Cooperative Extension of Orleans County shall be named as Certificate Holder and Additional Insured.
 - c. Products coverage included for non-alcohol food & beverage.
 - d. Host Liquor Liability coverage included (NO SALES OF ALCOHOL)
2. Automobile Liability – Hired & Non-Owned Auto Liability only
 - a. \$1,000,000 occurrence
3. Liquor Legal Liability (SALE OF ACOHOL) – *Additional premium required*
 - a. \$1,000,000 occurrence
 - b. Vendor must provide copy of license for liquor sales.
 - c. Proper controls must be in place with TIPS Trained Servers.

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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 have ADDITIONAL INSURED provisions or 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 Main St Agency 123 Main St. Anytown, NY 11111		CONTACT NAME: John Smith PHONE (A/C, No. Ext): 607-123-4568~ E-MAIL: jsmith@mainstagency.com ADDRESS:		FAX (A/C, No): 607-123-4569
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Insurance Company A		11111
		INSURER B: Insurance Company B		22222
		INSURER C: Insurance Company C		33333
		INSURER D: Insurance Company D		44444
		INSURER E:		
		INSURER F:		

INSURED ABC Company 123 2nd Street Anytown, NY 11111	NAME MUST MATCH EXACTLY TO RENTAL AGREEMENT
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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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	CBA9876541	07/01/2017	07/01/2017	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <i>If No Vehicles Owned by Business then HIRED & NON-OWNED ONLY IS OK</i>	Y	Y	XYZ1234567	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 OR
	BODILY INJURY (Per person) \$500K CSL -						
	BODILY INJURY (Per accident) \$250k per person /						
	PROPERTY DAMAGE (Per accident) \$500k per Acc for Individual						
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCP555555	07/01/2016	07/01/2017	PER STATUTE OTH-ER E.L. EACH ACCIDENT STATUTORY E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Each Occ or Claim \$1,000,000						
	Aggregate \$1,000,000						
D	LIQUOR LEGAL LIABILITY (When Alcohol Provided by Vendor)			LIQ22334455	07/01/2016	07/01/2017	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Orleans County Cornell Cooperative Extension must be listed as additionally insured.

C

CERTIFICATE HOLDER

CANCELLATION

Cornell Cooperative Extension of Orleans County 12906 State Route 31 Albion, NY 14411	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <u>MUST BE SIGNED BY AUTHORIZED AGENT</u>
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USER/RENTER/VENDOR Information

User/Renter/Vendor Name: _____
 Individual ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other ☐ _____
 Mailing/Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Contact Phone: (____) _____
 Email: _____

Event Information

Event: _____ Dates: _____

1. Public or Private Event (circle one)? How many attendee/spectators : _____
2. Describe the Event and/or What are the products/services to be sold or exhibited at the Event:

3. Revenues:

Total Est Amount: _____ Admission Fees: _____ Food: _____ Merchandise: _____
 Are you selling alcoholic beverages? ☐ Yes ☐ No 3. If so, what is expected sales \$ _____
 Are Servers TIPS Trained? ☐ Yes ☐ No

*** If expected sales are over \$40,000, a special application and additional premium will be required ***

*** Attach Copy of Liquor License ***

Rating Information

Vendor Type/Exposure Type	Vendor Rate per Booth or Exhibit	# of Booths/Exhibits	Premium
Facility User/Renter	\$150		
Vendors (NON Food and/or Beverage) FAIR	\$100		
Food Vendors (Includes Product Liability)	\$125		
ADDITIONAL CHARGES			
More than 500 Attendees/Spectators	\$100	NA	
Liquor Liability (Sales Under \$20,000) * vendor must be licensed to sell alcohol	\$200	NA	
Liquor Liability (Sales Under \$40,000) * vendor must be licensed to sell alcohol	\$300	NA	
	TOTALS		

APPLICABLE IN NEW YORK STATE

Any person who knowingly and with intent to defraud any insurance company or any person who files and application for insurance that contains false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent act, which is a crime.

I understand that this questionnaire forms the basis of acceptance by the insurance company and that the above statements and facts are true, as to this date. It is further understood that this questionnaire does not bind the insurance company to insure.

Date

Signature of Vendor

Title of Vendor

CHECK PAYABLE to: P. W. Wood & Son, Inc. for the FULL PREMIUM must accompany application.

