

//www.stgeorgemarathon.com



Expo Vendor Packet - 2022

All items on this checklist must be completed and returned to our office via one of the following ways, before your application can be considered for approval:

EMAIL:

marathon@sgcity.org

MAIL:

St. George Marathon
220 North 200 East
St. George, UT 84770

FAX:

(435) 627-4509

• • • Checklist • • •

- ☐ Expo Application **//2022**
- ☐ Certificate of Liability Insurance (refer to SAMPLE)

Be certain to list *The City of St. George, 175 East 200 North, St. George, UT 84770*, as the additional insured. The name and dates of the event are: *St. George Marathon Expo - September 30 & October 1, 2020*

Description of Operations must be worded exactly as the sample below:

*"City of St. George is listed as an additional insured with respect to **(name of insured)** participation in the St. George Marathon Expo, September 29th & 30th, 2022, located at 1835 Convention Center Drive, St. George UT 84770. The City of St. George is Primary & Non-Contributory for Ongoing & Complete Operations; a Waiver or Subrogation applies in favor of the City of St. George. A **30 day** Notice of Cancellation will be provided should any of the above described policies be canceled before the expiration date."*

Make sure the required insurance limits are correct as mandated by Utah **R37-4-3**

- GL each occurrence\$745,200
- General Aggregate.....\$2,552,000
- Damage to Property.....\$295,000

- ☐ Payment (made payable to St. George Marathon)

<https://register.hakuapp.com/?event=5661a03564dac7c4e355>

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Welcome //EXPO 2022

The NordicTrack Running and Fitness EXPO will be held in conjunction with the 45th St. George Marathon. Our Expos have been extremely successful with a total of over 20,000 people including runners, family members and community in attendance. We are extending a special invitation to your business to join in the festivities by participating in the 2021 St. George Marathon Expo held at the Dixie Center from 11:00am to 8:00pm on Friday, September 30th. Vendor check-in and set-up will be on Thursday, September 29th from 2:00pm to 9:00pm. and on Friday from 8:00 to 9:00am.

10x10 \$600 10x30 \$1800

10x20 \$1200 20x20 \$2400

Purchase booths come with a table, 2 chairs, one trash can, drapes on both sides and backdrop. Additional items may be purchased through the Dixie Center. Internet access may also be purchased through the Dixie Center.

After the 1st booth prices increase by \$100

Please remit application/vendor packet and payment to:

St. George Marathon
Michelle Graves
220 N 200 E
St. George, Utah 84770

Expo Application //2022

COMPANY / ORGANIZATION NAME (AS YOU WANT IT LISTED)

STREET / MAILING ADDRESS

PHONE NUMBER (HOME)

(BUSINESS)

EMAIL ADDRESS

1ST ST. GEORGE MARATHON

☐ YES

☐ NO

ST. GEORGE MARATHON SPONSOR

☐ YES

☐ NO

FLYERS IN BAGS

☐ YES

☐ NO

☐ ONLY

I WILL BE (CHECK ONE)

☐ SELLING MERCHANDISE

☐ DISPLAY ONLY

REQUESTED BOOTH(S)

☐ SAME BOOTH(S) AS LAST YEAR?

GIVE A BRIEF DESCRIPTION OF WHAT YOU WILL BE PROMOTING
AND THE APPEARANCE OF YOUR BOOTH:

FLYER

\$400 for flyer insert in runner bags. Flyers must be produced and delivered by Sept. 1st.

POWER & INTERNET

Limited booths with power available. First-come first-served. Internet access and power require additional charges made separately by the Dixie Center.

CANCELLATION NOTICE: THERE WILL BE A FORFEIT FEE OF **\$200** PER 10x10 SPACE FOR ANY VENDOR WHO CANCELS AFTER THEIR APPLICATION HAS BEEN APPROVED AND CONFIRMED BY THE ST. GEORGE MARATHON EXPO.

Attached vendor packet must be completed and returned before your application is processed.

CONTACT NAME

CITY

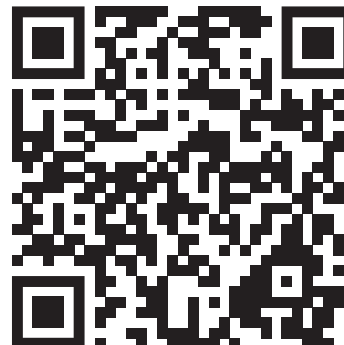
STATE

ZIP CODE

(CELL)

(FAX)

PAYMENT



PRODUCER Insurance Producer Name, Address, Phone number		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Insured name or DBA with address		INSURERS AFFORDING COVERAGE INSURER A: <u>Name of Insurance Company</u> INSURER B: INSURER C: INSURER D: INSURER E:	NAIC # # must be included

Agency
Information with
NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	Type of Insurance and included Coverage			EACH OCCURRENCE	\$ 745,200
						DAMAGE TO RENTED PREMISES (Each occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 2,552,000
						PRODUCTS - COMP/OP AGG	\$
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO EA ACC	\$
						ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Descriptions of Operations Verbiage			WC STATU- TORY LIMITS	OTH- ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EAEMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER: PROPERTY DAMAGE				EACH OCCURRENCE	\$ 295,000

Limits of
Coverages

Descriptions of
Operations Verbiage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSION / ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of St. George is listed as an additional insured with respect to (*name of insured*) participation in: (*name, date, and location of event*) The City of St. George is Primary & Non-Contributory for Ongoing & Complete Operations; a Waiver of Subrogation applies in favor of the City of St. George. A 30 day Notice of Cancellation will be provided should any of the above described policies be cancelled before the expiration date.

CERTIFICATE HOLDER

CANCELLATION

City of St. George Attn: 175 East 200 North St. George, UT 84770	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	Signature of Agent AUTHORIZED REPRESENTATIVE