2008 INSURANCE APPLICATION $74.00

Vendor:_____

Contact:_____

Address:_____
Street

_____
City State Zip

Office Phone:_____ Fax:_____

Web Site Address: _____

E-Mail Address: _____

Years of experience _____

Types of Food, display or product_____

Number of Booths_____

*Ever Cancelled/Refused Coverage_____

*Claims Last 3 Years_____

**** If "Yes" please explain on page 2.***

I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT. IT IS UNDERSTOOD AND AGREED THAT NO INSURANCE IS IN EFFECT UNTIL THIS INFORMATION IS ACCEPTED BY THE COMPANY IN WRITING.

*Signature:*_____ *Date:*_____

Please explain below:

Please return form to:
Finger Lake Wine Festival, attention Tammy Spear
PO Box 500
Watkins Glen, NY 14891
Phone: 607-535-2486 ext. 410 Fax: 607-535-2254 E-Mail: tspear@theglen.com