



## **Gary Hardt Memorial Rodeo Application**

The Payson Pro Rodeo does not own the Payson Event Center, the location where the rodeo is held. Because of this we must follow the rules governed by the Town of Payson and the additional requirements that they impose on us and that of its vendors. We apologize for the additional work that this creates for you, however for us to hold our rodeos and to ensure that we keep our western heritage alive in our community and support our cowboys and cowgirls, we must follow what is asked of us. Thank you for being a part of history in the making and supporting of our rodeo!

All applications are on a first come first served basis and the Payson Pro Rodeo Committee will examine and approve all applications based on initial information provided. Upon Approval, vendors will receive information by email confirmation of approval and critical information for successful booth operation.

While preference is always given to returning vendors, the vendor chair reserves the right to place vendors for the benefit of the event. All decisions made by the Vendor Chair are final.

**Food/Beverage Vendors** – Vendors will go through a selection process to ensure the best selection of food/product is available at the event. You will be notified after final review. Full refunds are given on all vendors not selected or checks returned.

**Non-Food Vendors** – Sales are limited to those items listed on the application and approved by the Payson Pro Rodeo Committee. Vendors may not subcontract space or allow any other entity to sell, display and or publicize materials or products from their space. Vendors must list all items they are requesting to sell, display or giveaway on the vendor application.

Please read the section for insurance. It is very important that your insurance company has the proper additionally insured on the COI; We must have one for COI listing the Payson Pro Rodeo Committee and one for the Town of Payson and they must be endorsed.

All soda and water products sold at this event must be purchased from the Payson Pro Rodeo Committee, Inc. Ice/ice machines are not permitted to be brought in. Ice is available for purchase at the rodeo grounds from the Payson Pro Rodeo Committee.

Per the Town of Payson Fire Marshal – All Pop-Up Canopies need to be anchored. Bungee cords are not acceptable. Trailers require wheel chocks. Make sure fire extinguishers are not expired.

Security will be provided Thursday night and Friday night, 10:00 pm until 6:00 am. There will be no vendor security after the Saturday night performance.

**There will be a \$25.00 fee charged for any and all trash left behind after you break down your booths. Food vendors with oil must dispose of their own used oil in their own trash facility, not at the Payson Event Center or any of its trash receptacles. Failure to adhere to this policy will result in a fine of \$100.00 and not being allowed back to any of the Payson Pro Rodeo events.**

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GARY HARDT MEMORIAL RODEO  
MAY 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup>, 2023  
MULTI-EVENT CENTER HIGHWAY

Applicant Business Name \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

**All checks and money orders must be made payable to the Payson Rodeo Committee, Inc. Money is due at the time of the application.**

Alcohol is NOT permitted to be brought on site to sell or for personal use. Alcohol can only be sold by the Payson Pro Rodeo Committee; vendors cannot sell any form of alcohol. Vendors who bring alcohol from off site will be asked to leave and not invited back.

Applicant hereby applies to and contracts with the Payson Rodeo Committee, Inc. for space in which to exhibit or sell products. Applicant agrees to indemnify and hold harmless the Payson Rodeo Committee, Inc., its officers, agents, and employees from any and all claims, causes of action and suits occurring or resulting from any damage, injury or loss to any person or persons, including all persons to whom this Applicant may be liable under any workers' compensation law and Applicant himself/herself, property, goods, wares or merchandise, caused by, arising out of or in any way connected with the exercise by Applicant of the privileges here granted.

All applications are subject to approval by the Committee. Any Exhibits deemed objectionable by the Committee can be closed at the discretion of the Committee's authorized representative at any time and no refund or recourse will be allowed.

**Exhibitors/Vendors** must be registered with the State of Arizona and have on display a valid Business License. In compliance with Arizona Law, the Payson Rodeo Committee, Inc. will furnish to the Arizona Department of Revenue a list of exhibitors/vendors in attendance at each event.

**INSURANCE REQUIREMENT:** In compliance with Arizona Law, must submit a copy of their Liability Insurance Coverage showing the dates of the specific event. Coverage must be \$1,000,000/2,000,000 or greater for this event listing the **Payson Rodeo Committee, Inc., P.O. Box 784 Payson, AZ 85547. As required by the Town of Payson, they also need a separate Certificate of Insurance naming them; Town of Payson, 303 North Beeline Highway, Payson AZ 85541 as an additionally insured.** Both Certificate of Insurances must be endorsed. If your insurance company cannot endorse the certificate of insurance, please fill out the form - Exhibit A in the last page of this packet.

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Food vendors must submit your current annual Health Certificate from Gila County. A Temporary Food Booth permit for Special Events is a requirement if you do not have an annual Health Certificate from Gila County. Each food handler working the booth must have a Food Handlers Card and must be present while vending on site.

A Town of Payson permit must be purchased prior to this event through the Town of Payson if you do not have a Town of Payson Business License. No on-site permits are available. The price is \$25.00 for 14 consecutive days or \$90.00 per year. Visit <https://paysonbusiness.com/business-license> for your application or contact [finance@paysonaz.gov](mailto:finance@paysonaz.gov).

You must provide the Town of Payson your Arizona Transaction Privilege Tax License if applicable. Please provide that when applying for your Town of Payson Business License.

Nonprofit organizations must submit a Town of Payson permit for solicitation for fundraising activity for a charitable, religious, patriotic or philanthropic purpose exclusively. Contact the Town of Payson with any questions. A copy of the approval from the Town of Payson must be attached to this application and remember to keep a copy with your booth throughout the rodeo.

**All soda and water products sold at this event must be purchased from the Payson Pro Rodeo Committee, Inc.** No ice, ice machines, pop, energy drinks or water will be allowed. The vendor products will be available at the Multi-Event Center May 18<sup>th</sup> and Ice will be available for purchase during the event.

Vendor spaces are limited. The use of additional space is not allowed. This includes space in front or on the sides for pop up tents. If your space requires pop up's in the front or sides, this needs to be **contained within** the space requirements below. Tables, chairs, additional lighting or other supplies will not be furnished. This includes extension cords. **Extension cords should only be 12 gauge with a ground to prevent breakers tripping at the Town of Payson Event Center.** All events are considered "RAIN OR SHINE" and NO REFUNDS WILL BE MADE AS A RESULT OF INCLEMENT WEATHER.

**PARKING:** Vendors will be allowed one (1) parking space as close to the vendor space as permissible. Vendors who will require special parking needs (including oversized vehicles and wheelchair access) need to give notification in advance.

The Main Gate cannot be used for entrance without proper credentials. All credentials will be received during the check-in process on Thursday with the vendor chair. Please ensure that your workers have their credentials to get into the rodeo prior to the Friday performance.

PLEASE NOTE: Due date for ALL APPLICATIONS and required documents is April 15, 2023. A \$100.00 late fee will be charged after this date until April 23, 2023. If the required documents are not turned in at this time, then you will not be able to vend at our event.

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Payment must be made by check, money order, cashiers or certified check payable to the Payson Pro Rodeo Committee, Inc or they will be returned. All money is due at the time of the application. If you plan on paying by credit card, a 4% credit card fee will be applied. Cash is no longer accepted on the day of the event. There will be no exceptions. A \$25 fee will be charged for any returned checks.

Size of Space Needed - 10X10 \_\_\_ 10x20 \_\_\_ 10x30 \_\_\_ 10x40 \_\_\_ Amount Due: \_\_\_\_\_

\*If you space exceeds the listed spaces above by 5 feet, you will need to go to the next space size

Food Vendor: \_\_\_ Exhibitor Vendor: \_\_\_ Non-Profit: \_\_\_

Are you a vending out of (Circle One)- Food Truck Trailer Tent

If selling out of Trailer/Food Truck? Length (From tongue to end) \_\_\_ Width: \_\_\_

Additional Space front and back for pop-up tents if a food truck/trailer: \_\_\_\_\_

Door to booth on: Right or Left of Hitch? Food truck Serving Side: Right or Left of Hitch?

Number of people working booth: \_\_\_\_\_

Number of People working the booth not to exceed 6. This will be the number of wristbands that you will be given on Thursday. No children under the age of 10 that are not actively working the booth are allowed.

Agreement Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Credit Card Number:(For incidental charges/cleaning fees if applicable) \_\_\_\_\_

I understand that my signature holds me responsible for the information and regulations included in all 12 pages of this application.

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For Payson Pro Rodeo Committee to fill out

Date Received: \_\_\_ MOP: \_\_\_ Check Number: \_\_\_ Amount: \_\_\_ Approved \_\_\_ Denied \_\_\_

BOOTH SPACE RENTAL RATES PRICING:

Table with 4 columns: Booth Size, Exhibitor, Food Vendor, Non-Profit Exhibitor. Rows include 10x10ft, 10x20ft, 10x30ft, and 10x40ft booth spaces with their respective rental rates.

If you have any questions regarding exhibitors/vendors, call Mindy Jordan at 928-254-1291 or email pprcvendors@gmail.com

Please mail your applications, check or money order and all applicable paperwork to: Payson Rodeo Committee, P.O. Box 784, Payson, AZ 85547, Attention: Vendors

P.O. BOX 784 • PAYSON, ARIZONA 85547 PAYSONPRORODEO.COM



Electric provided is 20 amps. – You provide extension cord(s). Due to the limitations of the Town of Payson Event Center’s electrical system, we cannot offer additional amps. To avoid breakers tripping, all extension cords must 12 gauge with grounds.

**Generators:** Are acceptable when attached properly and in compliance to a food truck or trailer.

All items you wish to sell **MUST** be listed. You may not add items after we receive your application.

The Committee has the right to remove any item that is not listed to ensure the success of the show and to be fair to all participants. Please list all items (use additional sheet(s) if needed):

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**SET UP TIME:** Thursday, May 18<sup>th</sup> at 9:00 AM, the Vendor’s back gate will be open. The Chairperson(s) will be there for check-in. Do not set up prior to check in.

**HOURS OF OPERATION:** All booths must be staffed, operational and ready for inspection 30 minutes prior to the gates open. Vendors will not be allowed to close down operations or depart from the event site before the completion of the event unless there is an emergency or an inspection has not been passed.

**SCHEDULE:**

- THURSDAY, MAY 18<sup>th</sup> .....Barrel Racing, Event Starts @ 6:00PM
- FRIDAY, MAY 19<sup>th</sup> .....Gates open @ 5:00 PM, Rodeo Starts @ 7:00 PM
- SATURDAY, MAY 20<sup>th</sup> .....Gates open @ 5:00 PM Rodeo Starts @ 7:00 PM

**VENDORS ARE NOT PERMITTED TO SHUT DOWN PRIOR TO END TIME. VENDORS WHO CLOSE EARLY WILL NOT BE CONSIDERED FOR FOLLOWING YEARS.** Vendor locations ARE NOT assigned on a first come – first served basis.



### Check List

- \_\_\_\_\_ Completed and Signed Application
- \_\_\_\_\_ Check or Money Order made out to Payson Pro Rodeo Committee. Cash is not accepted on the day of the event
- \_\_\_\_\_ Endorsed Certificate of Insurance for Payson Pro Rodeo PO Box 784, Payson AZ 85547  
(Please see sample below)
- \_\_\_\_\_ Endorsed Certificate of Insurance for Town of 303 N Beeline Hwy, Payson AZ 85541  
(Please see sample below). If the insurance company cannot provide the proper endorsed COI, please fill out the form Exhibit A of this packet
- \_\_\_\_\_ Arizona Transaction Privilege Tax License as required by the Town of Payson is due when applying for the Town of Payson Business License
- \_\_\_\_\_ Town of Payson Business License or Town of Payson Permit
- \_\_\_\_\_ Food Vendors - Gila County Temporary Food Booth permit for Special Events or annual Health Certificate from Gila County. Must be present while vending on site
- \_\_\_\_\_ Food Vendors – Food Handlers Card for each worker working the booth. Must be present while vending on site
- \_\_\_\_\_ Mobile Food Inspection (Food Trucks Only - if inspected in the last 12 months prior).  
Please visit Mobile Food Unit Inspections Information:  
<https://www.azfma.net/resources#h.c616ffj1ifzn>
- \_\_\_\_\_ Tent and Canopy Stipulations provided by the Town of Payson if vending spot has a canopy/tent  
(If applicable see below)



## Tent and Canopy Stipulations Special Events Town of Payson

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1. Tents over 200 sq ft and canopies over 400 sq ft are required to be permitted. F2403.2
2. Details on the hours of operation are required in order to assess all of the code requirements for this temporary structure.
3. The use period or dates that the tent will be utilized must be identified. F2403.5
4. Detailed site and floor plans must be submitted. F2403.6
5. Fire access roads shall be provided and indicated on the construction documents. F2403.8.1
6. Tents shall be 20 feet from lot lines and all vehicles. For purposes of determining required distances, support ropes shall be considered as part of the tent. F2403.8.2.
7. Details on means of egress, exits, exit signs, and means of exit and egress illumination must be provided. F2403.12
8. Portable fire extinguishers shall be supplied per section 906. F2404.12
9. Details must be provided on how the tent will be adequately secured. F2403.9
10. A satisfactory certificate shall be submitted attesting to the flame resistance of all tent and canopy structures. F2404.2
11. Tents and canopies must have a permanently affixed label bearing the size and fabric type of the structure. F2404.4
12. No combustible material such as hay, straw, or similar combustible materials shall be located within any tent or canopy. The areas within 20 feet of the structure shall be cleared of all combustible materials and vegetation which could create a fire hazard. F2404.5
13. No smoking signs shall be posted in accordance with section 310. F2404.6
14. Open flames shall not be permitted inside or within 20 feet of a tent while open to the public. F2404.7
15. There shall be a minimum clearance of at least 3 feet from the fabric envelope and all contents located inside the tent. F2404.11
16. All electrical equipment and installations shall be in compliance with the adopted electrical code.
17. The utilization of all compressed gases shall comply with the appropriate adopted codes.
18. Generators shall be separated from tents by a minimum of 20 feet and shall be isolated from the public by an approved means. F2404.19
19. The floor surface inside tents and the area within a 30 feet perimeter shall be kept clear of combustible waste. Such waste shall be stored in approved containers until removed from the premises. F2404.22
20. An inspection by both the fire department and the building department must be scheduled prior to opening.

### **Public Assemblages and Events IFC Section 403**

***IFC 403.2 states: Where the fire code official determines that an indoor or outdoor gathering of persons has an adverse impact on public safety through diminished access to buildings, structures, fire hydrants and fire apparatus roads or where such gatherings adversely affect public services of any kind, the fire code official shall have the authority to order the development of, or prescribe a plan for, the provision of an approved level of public safety. The preceding is only a partial list and should not be considered all-inclusive for every situation.***



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/04/2022

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	[REDACTED]	CONTACT NAME:	[REDACTED]	FAX (A/C, No):	[REDACTED]
		PHONE (A/C, No, Ext):	[REDACTED]		
		EMAIL ADDRESS:	[REDACTED]		
					NAIC #
INSURED	[REDACTED]	INSURER A:	[REDACTED]		
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

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 (INSR) SUBR (INSR) 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CP 1651299B	05/10/2022	05/10/2023	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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Event: Payson Pro Rodeo-PO BOX 784, Payson AZ 85547

<b>CERTIFICATE HOLDER</b> Payson Pro Rodeo PO Box 784 Payson, AZ 85547	<b>CANCELLATION</b> 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 [REDACTED]
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Table with 2 columns: Policy Number, Endorsement Effective, Named Insured, Countersigned By.

SCHEDULE

Name of Person or Organization: Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy. Location:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

A. Section II - Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only to the extent that the person or organization shown in the Schedule is held liable for your acts or omissions arising out of your ongoing operations performed for that insured.

B. With respect to the insurance afforded to these additional insureds, the following exclusion is added:

2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. The words "you" and "your" refer to the Named Insured shown in the Declarations.

D. "Your work" means work or operations performed by you or on your behalf; and materials, parts or equipment furnished in connection with such work or operations.

Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
05/04/2022

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	[REDACTED]	CONTACT NAME:	[REDACTED]	FAX (A/C, No.):	[REDACTED]
		PHONE (A/C, No.):	[REDACTED]	E-MAIL ADDRESS:	[REDACTED]
INSURED	[REDACTED]	INSURER A:	[REDACTED]	NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

**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	ADJL 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  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	CP 1651299B	05/10/2022	05/10/2023	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</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/>				COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Event: Payson Pro Rodeo-PO BOX 784, Payson AZ 85547**

<b>CERTIFICATE HOLDER</b>  The Town of Payson 303 N Beeline hwy. PAYSON, AZ 85541	<b>CANCELLATION</b>  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 [REDACTED]

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

## BLANKET ADDITIONAL INSUREDS - OWNERS, LESSEES OR CONTRACTORS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Policy Number: [REDACTED]	Endorsement Effective: [REDACTED].
Named Insured [REDACTED]	Countersigned By: [REDACTED]

### SCHEDULE

<b>Name of Person or Organization:</b> Any person or organization that the named insured is obligated by virtue of a written contract or agreement to provide insurance such as is afforded by this policy.
Location:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only to the extent that the person or organization shown in the Schedule is held liable for your acts or omissions arising out of your ongoing operations performed for that insured.
- B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:
- 2. Exclusions**
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
- (1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
  - (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C.** The words "you" and "your" refer to the Named Insured shown in the Declarations.
- D.** "Your work" means work or operations performed by you or on your behalf; and materials, parts or equipment furnished in connection with such work or operations.

#### Primary Wording

If required by written contract or agreement: Such insurance as is afforded by this policy shall be primary insurance, and any insurance or self-insurance maintained by the above additional insured(s) shall be excess of the insurance afforded to the named insured and shall not contribute to it.

#### Waiver of Subrogation

If required by written contract or agreement: We waive any right of recovery we may have against an entity that is an additional insured per the terms of this endorsement because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization.

**Exhibit A**



**AGREEMENT FOR USE OF EVENT CENTER**  
**(no alteration of form is permitted)**

To: Town of Payson  
Attention: Parks Department  
303 N. Beeline Hwy.  
Payson, AZ 85541

From:  
Company Name:  
Owner/Rep Name:  
Title:  
Address:  
City/ST/Zip:  
Phone:  
Attention Town:

My company has a contract with the Event Organizer \_\_\_\_\_ for the event being held from \_\_\_\_\_ to \_\_\_\_\_. I will be providing the following at the event.

Brief Description:

I acknowledge as a condition and in consideration of the Town of Payson allowing me to operate my mobile/vending/other business at the Payson Event Center during the vent named above, that my general liability insurance and business insurance policies shall be endorses to include the Town of Payson as an additional insured to be full limits of liability purchased by the company and that my insurance coverage shall be primary insurance and non-contributory with respect to all other available sources. I also agree to provide a copy of my certificate of insurance # \_\_\_\_\_ dated \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date