

# ROMOBOCO

Vendors,

Thank you for your interest in being part of the ROMOBOCO Riverwalk Rail Jam. The Rail Jam runs Friday September 21, 2018 and Saturday September 22, 2018. The Rail Jam is located on the Riverwalk GOCO path near the Riverwalk Welcome Center ( 101 S. Union Ave., Pueblo, Colorado 81003). This year we have joined forces with the Greater Pueblo Chamber **to include Rail Jam within the boundaries of the Chile Fest**, meaning anyone walking in Chile Fest can now come into the Rail Jam . With that being said we are still a separate event being run by the Historic Arkansas Riverwalk Foundation meaning all vendor applications for the Rail Jam Event will be taken and managed by the HARP Foundation, Crystal Estrada Event Coordinator.

The Rail Jam will begin at 3:00pm on Friday, September 21, 2018, you may begin set up anytime after 12:00pm. You may not drive onto the Riverwalk GOCO path or block access on either Union Ave. or Victoria Street. The best place to park and unload is behind Old Town Carriage house in the City of Pueblo parking lot. There is an alley way that connects to the GOCO path for ease of loading and unloading.

The Pueblo Chamber Chile and Frijole Festival takes place at the same time, so access from Union Ave will be blocked starting on **Thursday, September 20, 2018.**

The attached packet must be filled out in full and returned with your Certificate of Liability before you will be an approved vendor at the ROMOBOCO Riverwalk Rail Jam. All packets are **due by September 14, 2018 by 4:00pm** to the HARP Foundation office located at 125 Riverwalk Place, Pueblo, Colorado 81003.

If you have any questions please contact Crystal Estrada 719-406-0388 or via email [crystal@puebloriverwalk.org](mailto:crystal@puebloriverwalk.org).

Thank you!



Crystal Estrada  
Recreation & Entertainment Manager  
Pueblo Riverwalk  
[www.puebloriverwalk.org](http://www.puebloriverwalk.org)



# Vendor Application

Name of business: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Description	Cost	Extended
10'X10' SPACE	\$100.00	
10'X20' SPACE	\$200.00	
Electricity: Circle One:      110      220	\$35.00 ( One time fee)	
<b>TOTAL DUE:</b>		

Payment:

Check       Visa       MasterCard

Card # 

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Amount Authorize: \$ \_\_\_\_\_ **A 5% PROCESSING FEE WILL BE APPLIED**      Expiration Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_      CVV Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

FOR OFFICE USE ONLY	Date Received	Insurance	Waiver	Payment Type	Space #

**Food and Beverage Sales Information**

If you will be selling food, please include a full menu below. If you are selling an item not on your menu, you will be asked to stop selling it. There will be NO EXCLUSIVITY for food and beverage sales. All vendors are also asked to please not smoke in their booths.

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**REQUIRED RELEASE (Must be signed)**

*Waiver of Liability: In consideration of the Historic Arkansas Riverwalk of Pueblo (HARP) and the City of Pueblo accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages against the Historic Arkansas Riverwalk of Pueblo (HARP), the HARP Authority, the City of Pueblo and the ROMOBOCO Riverwalk Rail Jam event, their representatives, successors and assigns for any and all injuries suffered by me or any member of my staff at this event. Further, I hereby grant full permission to the HARP Authority and the ROMOBOCO Riverwalk Rail Jam and /or their authorized agents, to use my photographs, videotapes, motion pictures, recordings and any other recorded image of this event for any legitimate purpose.*

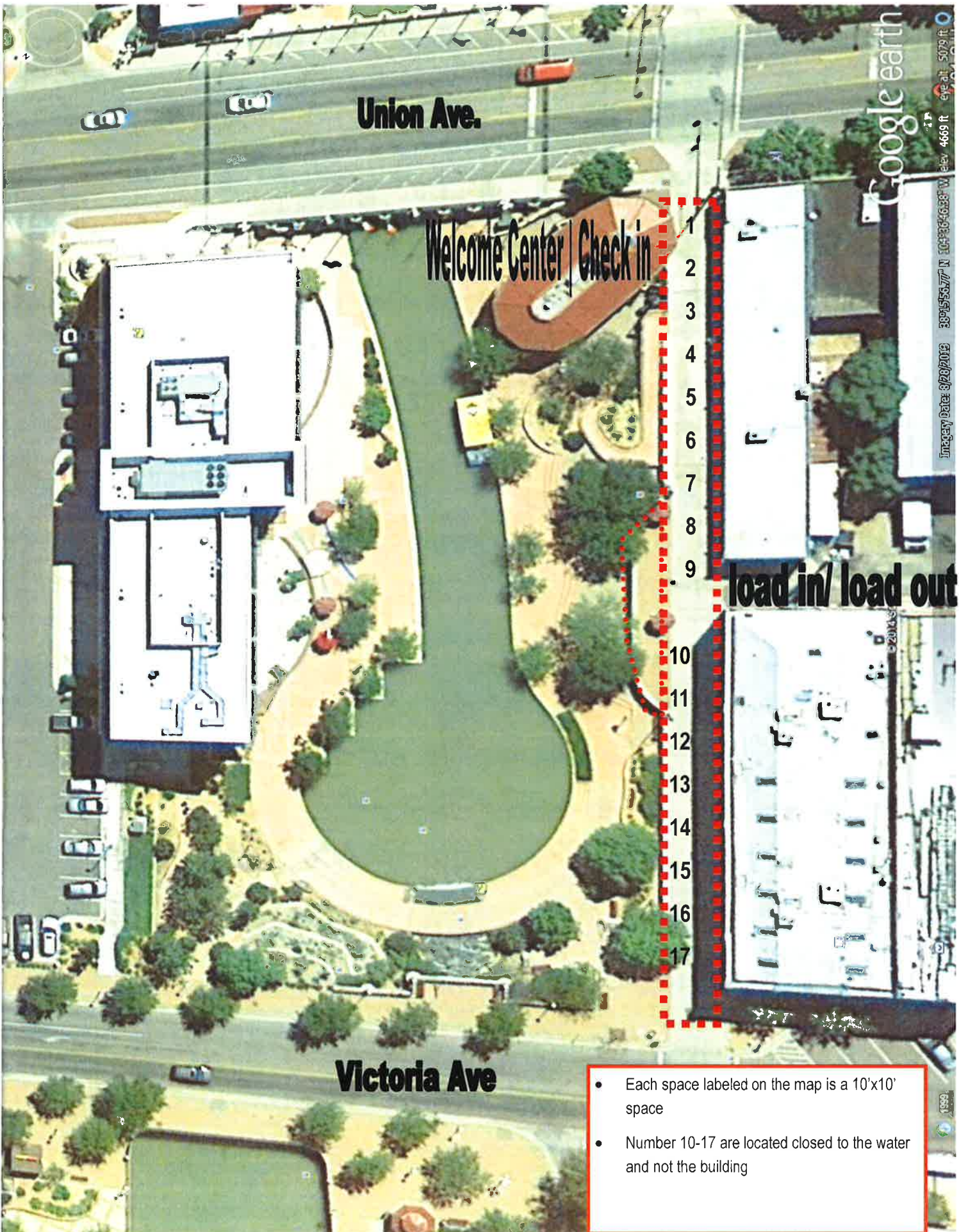
**Please Print Legibly**

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

Contact Name: \_\_\_\_\_

Contact Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Union Ave.**

**Welcome Center | Check in**

**Victoria Ave**

**load in/ load out**

- Each space labeled on the map is a 10'x10' space
- Number 10-17 are located closed to the water and not the building

Google earth

Imagey Date: 8/28/2019 39°55'52.77" N 104°36'56.33" W elev 4669 ft eye alt 5079 ft

1999

# SAMPLE CERTIFICATE OF LIABILITY INSURANCE

- You don't need workers comp coverage if you don't have employees

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) current date																																																																							
<p><b>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.</b></p> <p><b>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).</b></p>																																																																									
<b>PRODUCER</b> Insurance Agent Address City, State, Zip	<b>CONTACT</b> NAME: PHONE (AC, Hs, Ext):      FAX (AC, No): E-MAIL: ADDRESS: <hr/> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: right; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;"><b>INSURER A:</b> Insurance Company</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER B:</b> Insurance Company</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER C:</b> Insurance Company</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER D:</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER E:</b></td> <td style="border: none;"></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Insurance Company		<b>INSURER B:</b> Insurance Company		<b>INSURER C:</b> Insurance Company		<b>INSURER D:</b>		<b>INSURER E:</b>																																																													
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LIMITS SHOWN MAY HAVE BEEN REDUCED BY ENDORSEMENTS AND CLAIMS.</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 5%;">INSH LTR</th> <th style="width: 35%;">TYPE OF INSURANCE</th> <th style="width: 10%;">ADDL INSR</th> <th style="width: 10%;">SUBR WVD</th> <th style="width: 10%;">POLICY EFF (MM/DD/YYYY)</th> <th style="width: 10%;">POLICY EXP (MM/DD/YYYY)</th> <th style="width: 20%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="2">A</td> <td><b>GENERAL LIABILITY</b></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td>                     OCCURRENCE \$1000000                      ACC TO REMED (As occurrence) \$50000                      MED EXP (Any one person) \$5000                      PERSONAL &amp; ADV INJURY \$1000000                      GENERAL AGGREGATE \$2000000                      PRODUCTS - COM/OP AGG \$2000000                 </td> </tr> <tr> <td> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">                     GEN'L AGGREGATE LIMIT APPLIES PER:                      POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> </td> </tr> <tr> <td rowspan="2">B</td> <td><b>AUTOMOBILE LIABILITY</b></td> <td></td> <td></td> <td></td> <td></td> <td>                     COMBINED SINGLE LIMIT (Ea accident) \$1000000                      BODILY INJURY (Per person) \$                      BODILY INJURY (Per accident) \$                      PROPERTY DAMAGE (Per accident) \$                      \$                      \$                 </td> </tr> <tr> <td> <input checked="" type="checkbox"/> ANY AUTO  <input checked="" type="checkbox"/> ALL OWNED AUTOS  <input checked="" type="checkbox"/> HIRED AUTOS                 </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td> <input type="checkbox"/> UMBRELLA LIAB  <input type="checkbox"/> EXCESS LIAB                 </td> <td></td> <td></td> <td></td> <td></td> <td>                     EACH OCCURRENCE \$                      AGGREGATE \$                      \$                 </td> </tr> <tr> <td></td> <td> <input type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE                 </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>C</td> <td> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                      ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER MEMBER EXCLUDED? 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