**San Diego St. Patrick’s Day Parade and Irish Festival**

**Vendors** (non-food only)

**One-Day Insurance Coverage Application**

**This Is Not A Binder**. This is information for One-Day Insurance Coverage. All vendors must either carry their own Liability Insurance or purchase One-Day Insurance Coverage through the Irish Congress insurance carrier.

If you have your own insurance, please provide us with your insurance information details.

**APPLICANT INFORMATION:**

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

Doing Business as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is: \_\_\_\_ Sole Proprietor \_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Joint Venture

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

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

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UNDERWRITING INFORMATION:**

**Type of Product Sold/Handled/Displayed**: (Please be thorough)

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Please attach any Brochures or Pamphlets, if available, or a photo of your booth.

**ELIGIBILITY IS NOT GUARANTEED:** Sale of Beverages (no beer, wine, liquor), Flowers, Art work, Clothing, Jewelry, Novelties and Souvenirs are usually acceptable.

**ANYTHING OUT OF THESE CATEGORIES MUST BE SUBMITTED FOR REVIEW**,

**Cost: $25 in addition to your Booth Space Fee.** Please include $25 when you send in your Booth Space Application and your payment by money order or check. If you are not approved for insurance coverage, your $25 will be refunded to you. If paying online, select option which includes insurance.

Please return the One-Day Insurance Coverage application and any other documents by mail to: **ICSC Vendor Chairman, 415 Laurel Street, PMB #113, San Diego, CA 92101**