



2024 RAILROAD DAYS
NON-PROFIT APPLICATION
RAILROAD DAYS APPLICATION & AGREEMENT



The Western DuPage Chamber of Commerce as a manager of the 2024 West Chicago Railroad Days Festival and Exhibitor/Non-Profit agree to the terms and conditions of the agreement.

Date & Times of the Railroad Days 2024 festival are as follows:

- Thursday, June 27, 2024 4:30 pm - 10:00 pm
Friday, June 28, 2024 4:30 pm - 11:00 pm
Saturday, June 29, 2024 2:30 pm - 11:00 pm
Sunday, June 30, 2024 2:30 pm - 10:00 pm

ARTICLE 1: Exhibitor/Vendor: Contact and Product Information

Company Name: _____
Contact: _____ Phone: (____) _____ Fax (____) _____
Street Address: _____
City: _____ State: _____ Zip: _____
E-mail(s): _____

Description of products/items that will be distributed (including prices, if applicable):
(If you need more space to write down additional items, please use the additional page section on application.)

- 1) _____ \$ _____ 2) _____ \$ _____
3) _____ \$ _____ 4) _____ \$ _____
5) _____ \$ _____ 6) _____ \$ _____
7) _____ \$ _____ 8) _____ \$ _____
9) _____ \$ _____ 10) _____ \$ _____
11) _____ \$ _____ 12) _____ \$ _____
13) _____ \$ _____ 14) _____ \$ _____

8) Food and/or Beverage Sales: the sale of food and/or beverages is limited to Approved Food Vendors. No Exhibitor or Vendor may sell any food or beverage without the prior written consent of the Western DuPage Chamber of Commerce and 2024 Railroad Days Committee. No Exceptions!

Electrical Requirements:

- This section must be complete and accurate. In order to ensure that all Exhibitors/Vendors have enough electricity, we must have all of your information. Any application that is not completed will not be accepted. **NOTE:** No changes will be allowed the day of the event, only requested electrical requirements would be supplied.
- Vendors are solely responsible for their own heavy-duty extension cords (#12 3 - prong conductor).
- Vendor will be provided one 20 amp circuit; additional circuits will be charged at \$100 each.
- List each electrical need individually. If necessary, please use the reverse side for any additional needs.

A) Types of application (Need)	Qty.	Volts	Watts	Amps	Outlet needed
1) _____	_____	_____	_____	_____	110 Circuit
2) _____	_____	_____	_____	_____	Additional outlets needed (<i>see fees</i>)
3) _____	_____	_____	_____	_____	

B) Total number of outlets needed: (REQUIRED): _____

ARTICLE II – Rules & Compliance

1) This application must be completed and received by the Western DuPage Chamber of Commerce, not later than **FRIDAY, JUNE 7TH at 12:00 Noon** and shall not be in effect until accepted by the Western DuPage Chamber of Commerce.

2) Please send your application to:

Western DuPage Chamber of Commerce
306 Main Street
West Chicago, IL 60185
Email: team@westerndupagechamber.com

3) This agreement must be submitted along with the following:

- a) All Fees (per attached fee schedule).
- b) See Attached Insurance requirements!

4) Vendor must remain open from the beginning of the event until the end of the event each day.

5) Vendor site must be kept clean and garbage discarded properly.

6) Vendors must supply their own sign with their name and prices (if applicable) on it.

NOTICE OF TENT REQUIREMENTS:

Acceptance by the Western DuPage Chamber of Commerce entitles approved vendor to a 10' x 10' space suitable for a tent or other display and one 20 amp Circuit standard electrical outlet.

The Western DuPage Chamber of Commerce **does not provide** a tent. If vendor chooses to place a tent in their designated space it must be secured to the ground with weights and/or stakes sufficient to withstand high winds. All temporary tents and the method of securing them fall under the authority of the City of West Chicago or their designee and must be removed if not acceptable to them.

ARTICLE III - Agreement

The Western DuPage Chamber of Commerce reserves the absolute right to terminate the Agreement in the event the vendor sells or attempts to sell any product or service other than those specified in Article I or breaches any of the terms and conditions contained in Article II or the rules and regulations for Railroad Days 2024 Exhibitor/Vendor Agreement. In the event the Western DuPage Chamber of Commerce terminates this agreement, the Exhibitor/Vendor shall immediately forfeit the security deposit and all fees paid, cease any activities at Railroad Days 2024 and remove all equipment, personnel and other property from Pioneer Park.

I have read and understand the above agreement.

Exhibitor/Vendor: _____
(Please Print Company Name)

Signature: x _____ Date: _____

(Staff Use Only)

Accepted by: _____ Date: _____
Please keep a copy of the completed application for your records.

VENDOR INDEMNITY AGREEMENT:

As a part of your participation in Railroad Days 2024, the below vendor hereby agrees to indemnify and hold harmless the City of West Chicago, its officials, employees, agents and volunteers who are listed as additional insured; the Western DuPage Chamber of Commerce, West Chicago Park District and the West Chicago Fire Protection District against any and all claims, suits, cost, damages and expenses at Railroad Days 2024 they may sustain by reason of any acts of omission by the below vendor and/or employees, associates, affiliates and/or partners of the below vendor. The below vendor agrees to pay any judgment or settlement resulting from such suit, demean or claim, and to pay all reasonable attorney fees incurred by the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District or the West Chicago Fire Protection District in defending against such suit, demean or claim. In the event of any dispute between the vendor, the City of West Chicago, the Western DuPage Chamber of Commerce, West Chicago Park District, and the West Chicago Fire Protection District concerning the terms of this indemnity agreement, it is hereby understood and agreed that the proper venue for litigating any such dispute is DuPage County, Illinois.

Company Name (printed): _____

Signature Name (printed): _____ Date: _____

Signature: x _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (_____) _____

(Staff Use Only)

ACCEPTED BY: _____ DATE _____
(Western DuPage Chamber of Commerce Only)

ARTICLE IV - Payment

The following Fees Apply to all Not-for-Profit Vendors participating in the 2024 Railroad Days festival on June 27-30, 2024.

Non-for-Profit Space Booth:

(Space is 10' x 10' suitable for a tent. Tents are not provided.

Please see "Notice of Tent Requirements" section.)

Fee..... \$ 195.00

Electricity: (One 20 Amp circuit provided)

Additional 20 amp circuit _____ x \$100.00 ea. \$ _____

SUBTOTAL \$ _____

TOTAL AMOUNT \$ _____

MAKE CHECKS PAYABLE TO: **WESTERN DUPAGE CHAMBER OF COMMERCE**

Mailing address: Western DuPage Chamber of Commerce
306 Main Street, West Chicago, IL 60185
Phone: 630-231-3003

No checks will be accepted without a completed vendor agreement and no vendor is considered to have been accepted as a participant in the 2024 Railroad Days event until receiving an Approval email from the 2024 Railroad Days Committee of the Western DuPage Chamber of Commerce.

Credit Card:

Enter the complete credit card number: _____

Expiration Date: _____ CVS (#): _____ Payment Amount: \$ _____

Billing Address for Credit Card:

Street: _____

City: _____ State: _____ Zip Code: _____

I authorize Western DuPage Chamber of Commerce to charge the above credit card for the amount noted above.

Cardholder Name (printed): _____ Date: _____

Cardholder Signature: _____

Once credit card is processed for payment, we immediately destroy the original application and any digital copies. For our vendor's security, no portion will be retained for our records.

ARTICLE V – Insurance Requirements

2024 West Chicago Railroad Days Insurance

Additional Insured: Endorsement Requirement

The City of West Chicago, as the Major Sponsor of the 2024 Railroad Days Festival requires that the following statement appear on all certificates of insurance:

Additional Insured: The City of West Chicago, West Chicago Park District, West Chicago Fire Protection District, Western DuPage Chamber of Commerce, its officials, employees, agents and volunteers.

***See sample of an acceptable certificate below.**

Please provide this information to your insurance carrier to avoid any potential problems that would result in an unacceptable certificate being submitted and the rejection of your participation in this community event.

AdditionalComments:

Checklist:

Products Identified & Priced

Electrical Requirements Addressed

Certificate of Insurance Submitted

Vendor & Indemnity Agreement Signed

Vendors will be notified on the acceptance/rejection of application and items by email. Approved terms will be outlined in email as well as setup times, parking information/permits,& procedures. If you submitted your application and have not heard back from the Western DuPage Chamber of Commerce, please contact our office at 630-231-3003 or email us at

Team@WesternDuPageChamber.com

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER Your Insurance Company	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Your Name and Address	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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	ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy Number	mm/dd/yy	mm/dd/yy	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A			AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number	mm/dd/yy	mm/dd/yy	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
A			EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	Policy Number	mm/dd/yy	mm/dd/yy	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy Number	mm/dd/yy	mm/dd/yy	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
			OTHER				

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

Additional Insured: The City of West Chicago, West Chicago Park District, West Chicago Fire Protection District, Western DuPage Chamber of Commerce, its officials, employees, agents and volunteers.

This is how this section is to read, no exceptions.

CERTIFICATE HOLDER

Western DuPage Chamber of Commerce
 306 Main Street
 West Chicago, IL 60185

CANCELLATION

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.

AUTHORIZED REPRESENTATIVE