



## 2018 Spring Affair - Vendor Liability Form

Please complete, sign and date the liability form below and return, along with your, "Certificate of Insurance" and contract, by **March 2, 2018** to: Nebraska Statewide Arboretum, P.O. Box 830964, Lincoln, Nebraska 68583-0964

This Use Agreement is for the use of Nebraska Statewide Arboretum facilities by  
**Business Name:** \_\_\_\_\_, hereinafter called "USER."

The USER will ensure that all activities at this event comply with state law, city ordinances and protect the health and life safety of all persons involved. The USER will provide the following additional insurance, naming the Nebraska Statewide Arboretum, Inc. as an additional insured:

USER will provide prior to **March 2nd, 2018** a "Certificate of Insurance" with general liability limits of at least \$1,000,000, **naming the Nebraska Statewide Arboretum as additional insured** and will be required to show evidence of financial responsibility by providing certificate of insurance of Worker's Compensation Nebraska Statutory Coverage and Employers Liability coverage with a minimum limit of \$500,000. The Workers Compensation policy shall include a **Waiver of Subrogation in favor of the Nebraska Statewide Arboretum, Inc. as additional named insured.**

**Vendors who fail to provide proof of insurance will not be allowed to participate the Spring Affair.**

By signature below the USER agrees to hold the Nebraska Statewide Arboretum harmless from all claims or suits for bodily injury including death and for property damage arising out of use of space at the Lancaster Event Center in conjunction with the Spring Affair Plant Sale as per this agreement.

On behalf of the above named USER, the undersigned accepts responsibility for the terms and conditions noted above.

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

Authorized Signature: \_\_\_\_\_

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

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_