

INSURANCE AGREEMENT

Applicant agrees to maintain a policy of insurance to cover any negligent omission, or any negligent act committed by applicant or participant in Applicant's parade group during the performance of any activity association with the Fairhope Christmas Parade.

Applicant further agrees to indemnify and to hold the City of Fairhope free, safe and harmless from any and all claims, including all obligations, cost, judgments and attorney fee arising from any such negligent act or omission related or in any way connected with the Fairhope Christmas Parade.

IF YOUR GROUP DOES NOT HAVE INSURANCE, YOU ARE RESPONSIBLE.

Sponsor Name: _____

Vehicle Description: _____

Driver Name: _____

Vehicle Insurance Carrier: _____

Please include a copy of:

1. Driver's license (legible copy)
2. Face page of Insurance policy or insurance ID card
3. Group liability Insurance

Signature of responsible person: _____

Please print the above name legible: _____

Date: _____

****Your signature affirms that you have read and understand the aforementioned parade rules and insurance conditions, and you agree to abide by these regulations****

PLEASE RETURN THIS FORM WITH APPLICATION TO:

City of Fairhope
Attn: Christmas Parade Committee
Post Office Box 429
Fairhope, Al 36533