



The Market at White River State Park | Vendor Information + Guidelines

Market Schedule

Dates: May 2nd, May 16th, June 6th, June 20th

Time: 9:30AM-1:00PM

Approved Products

Vendors may sell only the following, responsibly sourced items:

- Farm produce, meat, fish, and eggs
- Prepared foods and drinks (Baked Goods)
- Processed or value-added foods (i.e. vinegars, sauces, and jellies)
- Flowers and plants
- Handcrafted artisan goods
- Home and Beauty Care
- Pet Care

Vendor Requirements

- Products must be in compliance with Indiana State Board of Health
- Any prepared food must be made in a certified kitchen or a qualifying home-based vendor
- All vendors who wish to sell eggs must provide a State Egg Board certificate
- Vendors must submit a certificate of insurance (COI) naming White River State Park 48 hours before The Market
 - See attached sample COI
- All vendors except for home-based vendors, not-for-profits, and non-food vendors must submit a free [Registration Application for a Temporary Retail Food Establishment](#) (State Form 55110) 30 days prior to vending according to the Indiana State Department of Health's [market guidelines](#)

Selection Process

- Farm produce, egg, and meat vendors will be given priority in the selection process
- Preference will be given to items produced in Indiana or made using local ingredients
- Priority will be given to vendors using organic and/or environmentally friendly farming practices
- Quality of products of sale by vendor, as well as attractiveness and presentation of products factors into decision making

Booth Fees and Amenities

Full Season Vendors (Applications due by April 26th, 2021)

- \$70 Full market season
 - 10x10 foot booth space
- \$140 Full market season
 - 20x20 foot booth space

Daily Vendors (Applications due 3 days before each market)

- \$20 Per Market
 - 10x10 foot booth space
- \$40 Per Market
 - 20x20 foot booth space



- Amenities (available in a limited supply)
 - \$5 Wi-Fi access for one device (per market)
 - \$5 Power access to a 110-volt house outlet (per market)
- Vendors must provide their own tent, table, and chairs
 - All tents must be weighed down and stable in windy conditions
- There is a limited space available for vendors who work out of their vehicles

Booth Set-up and Parking

- All vehicles must be removed from event space by 9:15AM and moved to the surface parking lot
- Vendors are required to have booth set and ready for by 9:30AM (opening of market) and remain set up until 1:00PM (end of market)

Market Day Guidelines

- Market will be open rain or shine. In the case of severe weather, the market will be suspended, and all will be advised to take cover until the inclement weather has passed
 - In the case that the market must be cancelled no refunds will be given
- Small, quiet generators are permitted, but noise levels must be kept to a minimum
- For safety reasons, no grills or open flames are permitted without permission of the Executive Director
- Vendors are responsible for leaving their booth space clean and dispose of recycling and waste in the appropriate receptacles
- Vendors are liable for any damages caused by equipment or vehicles to the Park grounds



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2019

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	(317) 808-7272
	FAX (A/C, No):	(317) 972-7142
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	10178
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	White River State Park Development Commission 801 W Washington Street Indianapolis, IN 46204	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER:		X	CPP100027461	8/1/2018	8/1/2019	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUOR LIABILITY \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	CA100004615	8/1/2018	8/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0		X	UMB0024074	8/1/2018	8/1/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WC00003965	8/28/2018	8/28/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is added as an Additional Insured as required by contract of agreement and subject to policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

SAMPLE OF PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE