

SHENANDOAH APPLE BLOSSOM FESTIVAL® 2019

INSURANCE STATEMENT

Apparatus entries will NOT be accepted unless this form is filled out completely, signed, and returned with Application.

Insurance Carrier Name: _____

Policy Number: _____

Effective Date of Policy: _____

Expiration Date of Policy: _____

The apparatus I am registering will be in sound condition, roadworthy as required by the state in which the apparatus is registered and titled, and will carry liability and property damage insurance (as indicated in the information above). This insurance will be in force for the entire period that the apparatus is on site or involved in parade or static display activities.

I/We agree to hold the Old Dominion Historical Fire Society and the Apple Blossom Festival harmless for any liability I/We may incur.

I, the Owner,/We, the Operator(s) agree to abide by all safety rules and regulations as may be set forth for this particular event and to obey all directions of the safety officer(s).

Wheel chocks, an operational fire extinguisher, and a basic first aid kit will be required for each piece of motorized fire or rescue apparatus.

Owner's Signature: _____

Owner's Printed Name: _____

Driver's Signature: _____

Driver's Printed Name: _____

Cell Phone Number for Driver: _____

Date: _____

Note: This form, completely filled out and signed, must accompany your application.