

**WILLKOMMEN ZU ODESSA
DEUTSCHESFEST
September 18, 19 & 20, 2009**

The Odessa Chamber of Commerce invites your float and any other unit to participate in our Deutschesfest Parade to be held Saturday, September 19, 2009 at 10am. Enclosed is an entry form. Please fill it out and return it **no later than September 1, 2009**. We hope you make plans to attend our festival in September.

CHECK IN all units at the corner by the gas station on First Avenue. You will pick up your parade line-up number and check the announcer's description of your unit.

SET UP OF FLOATS will be at the Odessa Trading Company's machinery yard on Second Avenue. **Floats will be judged at 8:30am**. Royalty must be on their floats or it will not be judged. Awards will be given in several categories.

BANDS will be judged as they are marching through the parade. All bands need to check in **no later than 9:30am**.

HORSE UNITS must provide their own cleanup during the parade! All horse units need to check in **no later than 9:30am**.

VISITING ROYALTY needing transportation, check in **no later than 9:00am**, so you can locate the car you will be riding in. You will also need to furnish TWO signs for the sides of the car.

Please return the entry form by September 1, 2009, to the below address:

Bank of America
PO Box 219
Odessa, WA 99159

Phone (509) 982-2624
Fax (509) 982-0104

Insurance

Evidence of insurance for both bodily injury and property damage liability with combined single limits of \$100,000 (each occurrence/aggregate) is required for all floats and motorized vehicles. The Odessa Chamber of Commerce and the Town of Odessa must be named as additional insured.

Evidence of insurance for both bodily injury and property damage liability with combined single limits of \$300,000 (each occurrence/aggregate) is required of all equestrian entries. The Odessa Chamber of Commerce and the Town of Odessa must be named as additional insured. Equestrian groups, such as a posse, patrol or saddle club may meet this insurance requirement with the group's insurance policy. If your equestrian group does not have insurance, each individual rider must meet the insurance requirement.

Individual riders: consult with your insurance agent to see if a 'rider' can be added to your homeowner's policy to meet the insurance requirement.

Evidence of your insurance must be in our hands by September 19, 2009. A sample certificate of insurance is enclosed for your convenience when having yours prepared.

Odessa Deutschesfest Parade Entry Form

10am, Saturday, September 19, 2009

Mail To:

(509) 982-2624

Bank of America

Fax (509) 982-0104

PO Box 219

Odessa, WA 99159

ENTRY NAME: _____

ADDRESS: _____

PHONE: _____

CONTACT NAME: _____

Please check one unit type and attach a brief description.

Float Band Horse Other

Car or Antique Club Royalty Needing Transportation

Description: _____

INDEMNITY AGREEMENT

THE UNDERSIGNED AGRESS TO INDEMNITY, HOLD HARMLESS AND DEFEND ANY ACTION AGAINST THE ODESSA CHAMBER OF COMMERCE AND THE TOWN OF ODESSA FROM AND AGAINST ALL LIABILITIES WHATSOEVER ARISE OUT OF IT'S PARTICIPATION IN THE ODESSA DEUTSCHESFEST PARADE.

SIGNED _____

**PLEASE RETURN THIS FORM, ALONG WITH A STATEMENT OF INSURANCE COVERAGE, BY SEPTEMBER 1, 2009 TO:
Bank of America, PO Box 219 Odessa, WA 99159**

Sample Certificate of Insurance

ACORD CERTIFICATE OF LIABILITY INSURANCE					DATE (MM/DD/YY)								
PRODUCER	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.												
COMPANIES AFFORDING COVERAGE													
COMPANY A													
COMPANY B													
COMPANY C													
COMPANY D													
INSURED													
COVERAGES													
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.													
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ PERSONAL & ADV INJURY \$ _____ EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____								
	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				COMBINED SINGLE LIMIT \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ _____ AGGREGATE \$ _____								
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">WC STATUTORY LIMITS</th> <th style="width: 50%;">OTHER</th> </tr> <tr> <td>EL EACH ACCIDENT \$ _____</td> <td></td> </tr> <tr> <td>EL DISEASE - POLICY LIMIT \$ _____</td> <td></td> </tr> <tr> <td>EL DISEASE - EA EMPLOYEE \$ _____</td> <td></td> </tr> </table>	WC STATUTORY LIMITS	OTHER	EL EACH ACCIDENT \$ _____		EL DISEASE - POLICY LIMIT \$ _____		EL DISEASE - EA EMPLOYEE \$ _____	
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EL DISEASE - POLICY LIMIT \$ _____													
EL DISEASE - EA EMPLOYEE \$ _____													
	OTHER												
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS													
CERTIFICATE HOLDER			CANCELLATION										
			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE										