

VIKING MEADOWS PRESENTS
A Taste of Westfield
APRIL 27TH, 2008

Viking Meadows is hosting a “Taste of Westfield” event on April 27th from 1 to 5pm and we would like for you to be involved. We are looking for local restaurants and vendors to join us in letting the community experience all Westfield has to offer. This creates a wonderful opportunity for you to showcase your business.



Your participation will be on a volunteer basis, and Viking Meadows will provide an 8ft table, a floor length linen, and two chairs. One additional 8ft table and linen can be rented for \$30. The rest of your area is up to you to decorate or promote your business as you wish! There will be horse carriage rides, face painting, music and custom home tours in the neighborhood. The event will be advertised in print, radio and direct mail. We hope that we can count on your participation to make this event a success. An executed Vendor's Agreement, refundable deposit of \$75 and Certificate of Insurance are the only things needed to reserve your location.

Thank you for your consideration and we hope to see you on April 27th.

Questions?

Contact Sara Lassiter, 317.805.1129, slassiter@theprecedent.com
or Barbie New, 317.805.1109, bnew@theprecedent.com





Viking Meadows Development, LLC
9339 Priority Way West Drive
Suite 100
Indianapolis, IN 46240
317.805.1129
317.805.1177 Fax
slassiter@theprecedent.com

Vendor Agreement

Please complete this form and return to the address above along with your deposit by April 1st to secure your space at the Taste of Westfield. All vendors are required to supply Viking Meadows Development, LLC with a certificate of insurance. The Precedent Companies, Inc, Precedent Residential Development, LLC and Viking Meadows Development, LLC must be listed as additional insured. See attached sample of certificate for required limits of insurance.

Vendor/Business Information

Contact Person: Business/Organization:

Mailing Address:

Phone: Fax: E-mail:

Viking Meadows will provide the following for each vendor:

- 8ft long table with a black floor length linen and two white folding chairs

Do you wish to have an additional 8ft table and linen for a charge of \$30.00? Yes No

If you are offering any giveaways, drawings, or food samplings, etc please list or describe those items here:

We have limited space available with electricity. Do you need electricity at your space? Yes No

Set-up time will be on Sunday morning, April 27th from 11:00 am to 12:30 pm. The event will begin at 1:00 pm.

Any comments or suggestions?

A refundable deposit of \$75.00 per vendor is required and must accompany this application. Please make check payable to Viking Meadows Development, LLC. We require this deposit to guarantee vendor attendance. The refundable deposit will be forfeited if a vendor does not attend.

Prior to participation in the Taste of Westfield event, all Vendors shall furnish satisfactory evidence to Viking Meadows Development, LLC that the Vendor has the required insurance. All such insurance including general liability and umbrella/excess liability except Workman's Compensation/Employer's Liability, shall name Viking Meadows Development, LLC; The Precedent Companies, LLC and Precedent Residential Development, LLC as an additional insured and shall provide coverage on a primary and non contributory basis (including Completed Operations) for all claims and losses against Viking Meadows Development, LLC; The Precedent Companies, LLC and Precedent Residential Development, LLC, including but not limited to, those claims that arise out of injuries to the employees of the Vendor, employees of the Vendor's subcontractors or injuries to third parties, from your participation in the event under this Agreement, or as a result of the subcontractor's performance. Any other insurance in force for said additional insured's shall not contribute in the payment of any claim made hereunder to the extent of the limits of liability afforded hereunder.

Any coverage provided by (Vendor's name) shall be excess coverage.

Vendor shall defend, indemnify and hold harmless the Owner, Architect/Engineer; their subcontractors and their agents and employees from and against all claims, damages, causes of action losses and expenses, including attorney's fees, arising out of or resulting from the participation in the event, providing that such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom; and (2) is caused in whole or in part by the negligent act or omission of Vendor or any of Vendor's subcontractors, anyone directly or indirectly employed by any of them or for anyone for whose acts any of them may be liable, regardless of whether it is caused by a party indemnified hereunder.

X Signature Date



ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID #
FISHE-6
DATE (MM/DD/YYYY)
10/05/05

PRODUCER H. J. Spier Company, Inc. 5750 Castle Creek Pkwy., #150 Indianapolis IN 46250-4359 Phone: 317-849-8800 Fax: 317-576-5058	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.																		
INSURED NAME OF PARTICIPANT ADDRESS OF PARTICIPANT	<table border="1"> <tr> <th colspan="2">INSURERS AFFORDING COVERAGE</th> <th>NAIC #^A</th> </tr> <tr> <td>INSURER A:</td> <td>Miscellaneous Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE		NAIC # ^A	INSURER A:	Miscellaneous Company		INSURER B:			INSURER C:			INSURER D:			INSURER E:		
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COVERAGES

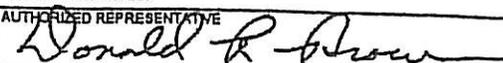
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER			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
A	X	AUTOMOBILE LIABILITY <input checked="" 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 (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EA OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY NUMBER			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

SAMPLE CERTIFICATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Precedent Companies, LLC, Precedent Residential Development, LLC and Viking Meadows Development, LLC are added as additional insureds on the general liability and automobile liability but only with respects to liability arising out of the event known as A Taste of Westfield occurring on April 27, 2008. General liability and automobile liabilities policies are Primary and Non Contributory in favor of the above additional insureds. Umbrella follows form.

CERTIFICATE HOLDER The Precedent Companies, LLC Precedent Residential Development, LLC and Viking Meadows Development, LLC 9339 Priority Way West Drive, Suite 100 Indianapolis, IN 46240	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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