



**Tuesday, May 25, 2010**  
**6:00 to 8:30 p.m.**  
**Stonehill College, Roche Dining Commons**  
**320 Washington Street, Easton, MA**

Brought to you by the  
Easton Chamber of Commerce  
508.238.2225



## Sponsorship Opportunities

### Premier Sponsor (1) \$1,500

- Sponsor logo in color on the front cover of the Taste of Easton program booklet under the Taste of Easton logo.
- Sponsor logo on the front of the event tickets.
- Exclusive banner featuring sponsor logo at event entrance.
- Sponsor logo on the Taste of Easton banner inside venue.
- Full page color ad in the Taste of Easton program booklet, with choice of placement.
- One six-foot table with white table cloth and exclusive table placement at the event.\*
- Simple table-top sign. May bring additional decor/signage for table-top only. Not to interfere with visibility of neighboring tables.
- Sponsor logo on the Taste of Easton website with link to the sponsor's website for one year.
- Ten complementary tickets.

### Gold Sponsors (4) \$750 each

- Sponsor logo on the Taste of Easton banner inside venue.
- Half page full color ad on the inside cover of the Taste of Easton program booklet.
- One six-foot table with white table cloth and prime table placement at the event.\*
- Simple table-top sign. May bring additional decor/signage for table-top only. Not to interfere with visibility of neighboring tables.
- Sponsor logo on the Taste of Easton website with link to the sponsor's website for one year.
- Eight complementary tickets.

### Silver Sponsors (unlimited) \$250 each

- Quarter page black and white ad in the Taste of Easton program booklet.
- One six-foot table with white table cloth and preferred table placement at the event.\*
- Simple table-top sign. May bring additional decor/signage for table-top only. Not to interfere with visibility of neighboring tables.
- Link to sponsor's website from the Taste of Easton website for one year.
- Four complementary tickets.

### Exhibitor Table (unlimited) \$50.00

*Chamber Members only. Non-members \$100.00.*

- Sponsor name, address, and telephone listed in the Taste of Easton program booklet.
- One six-foot table with white table cloth\*
- Simple table-top sign. May bring additional decor/signage for table-top only. Not to interfere with visibility of neighboring tables.
- Complimentary entry for two representatives per exhibitor table.

**Please note:** Each sponsor and exhibitor will be required to provide the Easton Chamber of Commerce with a certificate of commercial general liability coverage. A copy of the certificate is available at [www.tasteofeaston.com/insurance.html](http://www.tasteofeaston.com/insurance.html). Please mail the completed certificate to the Easton Chamber office or fax (508) 230-0116 **no later than Friday, April 30, 2010.**

*Premier and Gold sponsors please email your logo in EPS format to: [kerri@easton-chamber.com](mailto:kerri@easton-chamber.com).*

**\*Electrical outlets are not available for this event.**



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Yes! We want to be a:  sponsor  exhibitor for the Taste of Easton 2010:

Sponsorship Level \_\_\_\_\_

Company \_\_\_\_\_

Contact \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Website: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Representatives who will be at your exhibitor table the night of the event (**limit two people per table**):

1. \_\_\_\_\_

2. \_\_\_\_\_

Please mail the completed form and your insurance certificate along with your check made payable to the Easton Chamber of Commerce to:

Easton Chamber of Commerce  
P.O. Box 69  
Easton, MA 02334

**Please note:** Each sponsor and exhibitor will be required to provide the Easton Chamber of Commerce with a certificate of commercial general liability coverage. A copy of the certificate is available at [www.tasteofeaston.com/insurance.html](http://www.tasteofeaston.com/insurance.html). Please mail the completed certificate to the Easton Chamber office, or fax to (508) 230-0116 **no later than Friday, April 30, 2010.**

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
00/00/0000

PRODUCER   INSURED <b>Exhibitor Name and Address</b>	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.  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A:													
INSURER B:													
INSURER C:													
INSURER D:													
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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	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS									
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$ 1,000,000								
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$								
						MED EXP (Any one person)	\$								
						PERSONAL & ADV INJURY	\$								
						GENERAL AGGREGATE	\$ 2,000,000								
						PRODUCTS - COMP/OP AGG	\$ 2,000,000								
		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 (Ea accident)	\$								
						BODILY INJURY (Per person)	\$								
						BODILY INJURY (Per accident)	\$								
						PROPERTY DAMAGE (Per accident)	\$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$								
						OTHER THAN EA ACC	\$								
						AUTO ONLY: AGG	\$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$								
						AGGREGATE	\$								
							\$								
							\$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">WC STATU-TORY LIMITS</th> <th style="width:50%;">OTH-ER</th> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$	
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E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
		OTHER													

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Taste of Easton Event. Stonehill College, Inc. is an additional insured with respect to general liability policy.

<b>CERTIFICATE HOLDER</b>  Stonehill College, Inc.  Attn: Christopher Augeri, Director Conferences & Events Services 320 Washington St. Easton MA 02357	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</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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