HOME BUILDERS EXPO

Thursday, January 15th 2026

Indian Summer Golf + Country Club
5900 Troon Ln SE—Olympia, WA

Vendor Setup Time: 3:00pm-4:45pm
Builder Arrival: 5:00pm-5:30pm

2026 VENDOR ENTRY FORM

We have limited space, and registration is first come, first serve.
Deadline to register is December 10th, 2025.

Company: _____

Contact Name: _____ **Phone:** _____

Email: _____

PRICING AND PAYMENT

OMB MEMBER PRICING	
Full 8' Table	**$300**
Full 6' Table*	**$275**
Event Ticket	**$50**
NON-MEMBER PRICING	
Full 8' Table	**$400**
Full 6' Table*	**$375**
Event Ticket	**$50**

Only four 6' tables available. First come first serve.

Please note, **every attendee needs an Event Ticket.**
All vendors who purchase a full table (6' or 8') will receive one complimentary event ticket.

Vendor Table (please check one): **$**_____

☐ Member Full 8' Table ☐ Non-Member Full 8' Table
☐ Member Full 6' Table ☐ Non-Member Full 6' Table

Event Tickets (_____)

☐ 1 Comp Ticket *included w/ Full Table* **$** 0.00
☐ Paid Tickets: _____ X $50 **$**_____

TOTAL DUE: **$**_____

☐ **CHECK ENCLOSED** ☐ **SEND ME AN INVOICE** ☐ **CHARGE THE CARD BELOW**

Circle One: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

V-code: _____ Name on Card: _____

Address of Card: _____

City/State/Zip: _____

All Vendors are required to supply a door prize for the event.

Vendors are also required to submit a Certificate of Insurance, naming OMB as additional insured.

See following pages for more detail.

This form is a contractual agreement between your company and Olympia Master Builders. Cancellations must be made in writing. Cancelling within 30 days of the Expo will result in forfeiture of your fee.

_____ _____
Vendor Signature Date

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2026 VENDOR LOGISTICS FORM

We have limited space, and registration is first come, first serve.
Deadline to register is December 10th, 2025.

Day of Event Contact Name: _____

Day of Event Contact Phone: _____

What product/service does your company provide? *This helps us place competitors away from one another.*

_____

_____

EQUIPMENT NEEDS

Do you need a Table for your display? ☐ YES ☐ NO

How many Chairs do you need? ☐ 0 CHAIRS ☐ 1 CHAIR ☐ 2 CHAIRS ☐ 3 CHAIRS

Do you need access to an Outlet?* ☐ YES ☐ NO

**Please make sure to bring your own extension cords.*

DOOR PRIZE

A door prize is required from every vendor and we will list all prizes in the Event Program. Suggested minimum value is $100. If you would like OMB to purchase a prize for you, please note so below. We will bill you for the amount listed, and payments must be made by January 8, 2026.

What door prize will you be providing?: _____

☐ **I would like OMB to purchase my door prize at a value of $_____.**

LOGO + INSURANCE

In addition to this form, please send the following to brianna@omb.org:

☐ **Company logo** *(due by December 10th)*

☐ **Certificate of Insurance** listing OMB as additional insured.
(due by January 8th 2026, see sample on page 4)

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2026 HOMEBUILDERS EXPO VENDOR INFORMATION

VENDOR SPACE: Standard vendor tables are 8' in length and include a black linen. Chairs and outlet access are available upon request using the logistics form. Vendors must bring their own extension cord(s). If you plan on bringing an odd-sized item that will not fit on a table, or if you plan to use your 8' space *without* a table, you must let us know on the supplied form.

Specific location requests will be considered, but vendor placement is ultimately up to the discretion of the Homebuilders Expo committee.

SETUP UP: Vendors may begin setting up at 3:00pm on event day. Please be completely ready for our guests no later than 4:45pm. There are two entry doors to the building; if you park close by, please make sure to move your vehicle after you're done unloading to make room for others.

TEAR DOWN: You may not tear down your area until the event is over. We expect it to end around 8:00pm. Same rules apply to the loading area as during setup.

PRIZE PERMIT CARDS: To ensure that our Builder guests visit each vendor table, they will each receive a "Prize Permit Card" that will need to be validated by each vendor before they can drop it into the prize bucket. Our guests will receive one of these cards at check-in and are required to get a signature (or initials) from each vendor to enter the prize drawing. You will each get a red pen to use for signing your "square".

PRIZES: Each vendor is required to provide a prize to be raffled off to the guests who complete their validation card. The suggested minimum value is $100. You may display your prize at your table during the vendor hour; we will then call vendors up to the front during the program to draw for your prize. Please bring your prize the night of the event with your business card attached to it.

**You may conduct a separate raffle at your table, but please note that we need an additional raffle prize from you for the "Vendor Raffle" at the end of the night.*

CERTIFICATE OF LIABILITY: Every vendor must submit a certificate of liability insurance by January 8th, naming OMB as additional insured. A sample form is included on page 4. Only insured vendors may participate in the Expo; failure to comply will result in forfeiture of table space and all monies tendered to the Olympia Master Builders.

CANCELLATION POLICY: Cancellations must be made in writing. Cancelling within 30 days of the Expo will result in forfeiture of your fee.

EVENT TICKETS: Every attendee will need an Event Ticket. One ticket is included in the full table fee. Additional event tickets are $50 each. Heavy appetizers will be served about 90 minutes after guest arrival. Each vendor will also receive 2 drink tickets. *Please note that due to space restraints, there may only be room at the round guest tables for our builder guests.*

Any questions? Please contact Brianna!

Email: brianna@omb.org Fax: 360-754-7448 Ph: 360-754-0912

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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:	
Your Insurance Company Name & Address	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Your Insurance Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Your Company Name & Address

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 X CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		L088000955	03/15/2025	03/15/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A						

Expiration date must be AFTER the event or it will be rejected.

PLEASE NOTE: All Vendors must be covered to participate in the Expo. Please send your certificate to OMB no later than January 8th, 2026.

OLYMPIA MASTER BUILDERS
1211 State Avenue NE—Olympia, WA 98506
Fax: 360.754.7448 | Phone: 360.754.0912
Email: staff@omb.org or brianna@omb.org

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

Olympia Master Builders Association, it's chapters, officers, directors, employees and agents are named as additional insured with respect to insureds operations.

********THIS CERTIFICATE REPLACES ALL PRIOR CERTIFICATES*********

CERTIFICATE HOLDER

Olympia Master Builders
1211 State Ave. NE
Olympia, WA 98506

CANCELLATION

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