

## **NEBRASKA STATE FAIR COMMERCIAL EXHIBITOR INSURANCE REQUIREMENTS:**

Any exhibitor or concessionaire who wishes to exhibit at the Nebraska State Fair is required to provide a Certificate of Liability Insurance to our office **before July 1<sup>st</sup>, 2023**. No booth will be allowed to be set up without having proof of insurance on file.

- General Business Liability Limits of \$1,000,000 Each Occurrence  
\$1,000,000 Product Liability
- The Certificate must name **The Nebraska State Fair Board, Fonner Park Exposition and Events Center, The Hall County Livestock Improvement Association, and the City of Grand Island** as additional insured for the Fair dates of August 25<sup>th</sup> – September 4<sup>th</sup>, 2023, and also covering any move in/tear down days preceding/following the Fair.
- Refer to Page 7 of the NSF Rules & Regulations, #11.1-11.3 for more information.
- Insurance Carriers must have a minimum AM Best Rating of A XV.
- The name of the “insured” exhibitor on the Certificate of Liability insurance provided must be the same as the Business and/or Contact name listed on the Exhibitor Contract. *Please list any DBAs or LLCs for your business if different from that listed on the Certificate of Insurance.*
- Insurance declaration pages and automatic renewal policy statements will not be accepted as a valid form of insurance.
- Should you choose to use our in-house insurance provider, please refer to the 2023 form online. Conduct all business through:

Nebraska State Fair  
Keaton Irwin  
PO Box 1387  
Grand Island, NE 68802

All Certificates of Insurance may be faxed to 308-384-1555, emailed to Keaton Irwin at [kirwin@statefair.org](mailto:kirwin@statefair.org), or mailed to Nebraska State Fair, Sales Dept., PO Box 1387, Grand Island, NE 68802. Should you or your agent have any questions, please don't hesitate to contact us at 308-385-3925 or 308-382-1606.



# 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).**

<b>PRODUCER</b> INSURANCE AGENT/BROKER NAME ADDRESS CITY STATE ZIP	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): AGENT'S PHONE      FAX (A/C, No): AGENT'S FAX E-MAIL ADDRESS:  INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A : INSURANCE COMPANY NAME INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
<b>INSURED</b> INSURED NAME ADDRESS CITY STATE ZIP	

**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 INSR	SUVR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	Y		POLICY # HERE	EFF DATE	EXP DATE	EACH OCCURRENCE      \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)      \$ MED EXP (Any one person)      \$ PERSONAL & ADV INJURY      \$ GENERAL AGGREGATE      \$ PRODUCTS - COMPROP AGG      \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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)      \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEF.      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/ MEMBER EXCLUDED? (Mandatory in NE) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$

SAMPLE CERTIFICATE ONLY

**DESCRIPTION OF OPERATIONS ( LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

The Nebraska State Fair, Fonner Park Exposition and Events Center, The Hall County Livestock Improvement Association, and the City of Grand Island are additional insured

<b>CERTIFICATE HOLDER</b>  Nebraska State Fair Facilities Department PO Box 1387 Grand Island, NE 68801	<b>CANCELLATION</b>  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
--	--