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 1st, 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 25th – September 4th, 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, 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

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
INSURANCE AGENT/BROKER NAME
ADDRESS
CITY STATE ZIP

CONTACT
NAME
PHONE
FAX
ADDRESS
AGENT'S PHONE
AGENT'S FAX
E-MAIL

INSURED
INSURED NAME
ADDRESS
CITY STATE ZIP

INSURER:

INSURER A:
INSURANCE COMPANY NAME
SAID #

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

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.

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<th>TYPE OF INSURANCE</th>
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<th>INSURED</th>
<th>NO.</th>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
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| ✓ GENERAL AGGREGATE LIMIT APPLIES PER |
| ✓ POLICY |
| ✓ LOC |
| ✓ AUTOMOBILE LIABILITY
| ✓ ANY AUTO
| ✓ ALL OWNED AUTOS
| ✓ HIRED AUTOS
| ✓ SCHEDULED AUTOS
| ✓ NON-OWNED AUTOS |
| ✓ UM/BI EXCEPTED |
| ✓ EXCESS LIABILITY |
| ✓ OCCUR |
| ✓ CLAIMS-MADE |

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

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

CERTIFICATE HOLDER

Nebraska State Fair
Facilities Department
PO Box 1387
Grand Island, NE 68801

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

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