## **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>, 2024. No booth will be set up without 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 23rd September 2nd, 2024, and covering any move in/tear down days preceding/following the Fair.
- For more information, refer to Page 7 of the NSF Rules & Regulations, #11.1-11.3.
- 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 those 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 2024 form online. Conduct all business through:

Nebraska State Fair Jenny Kolar PO Box 1387 Grand Island, NE 68802

All Certificates of Insurance may be faxed to 308-384-1555, emailed to Jenny Kolar at jkolar@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

DATE (MM/DD//YYY)

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

|                     | VEITHOLD CEN  | THE                      | NOMBER:   |  |                            | REVISION NUMBER.                             |               |
|---------------------|---|--------------------------|---|--|----------------------------|--|---------------|
| CE                  | IIS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE-<br>ERTIFICATE MAY BE ISSUED OR MAY F<br>ICLUSIONS AND CONDITIONS OF SUCH F | QUIREMENT<br>PERTAIN, TH | T, TERM OR CONDITION O<br>HE INSURANCE AFFORDED | F ANY CONTRACT OF<br>BY THE POLICIES I                         | R OTHER DOO<br>DESCRIBED H | CUMENT WITH RESPECT T                        | TO WHICH THIS |
| INSR<br>LTR         | TYPE OF INSURANCE   | INSR W/O                 | POLICY NUMBER                                   | POLICY EFF<br>(MINIDDITYYYY)                                   | (MM/DD/YYYY)               | LIMITS                                       |               |
|                     | GENERAL LIABILITY   | Y                        | POLICY # HERE                                   | EFF DATE   |                            | EACH OCCURRENCE                              | \$ 1,000,000  |
|                     | COMMERCIAL GENERAL LIABILITY  |                          |   |  |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$            |
|                     | CLAIMS-MADE V OCCUR   |                          |   |  |                            | MED EXP (Any, one person)                    | \$            |
|                     |   |                          | MPLECERTIF                                      |  | 4                          | PERSONAL & ADV INJURY                        | .\$           |
|                     |   |                          |   | and a  | •                          | GENERAL AGGREGATE                            | \$            |
|                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |                          |   | 'S O'  |                            | PRODUCTS - COMPYOR AGG                       | \$ 1,000,000  |
|                     | POLICY PRO: LOC   |                          |   | 16   |                            |  | \$            |
|                     | AUTOMOBILE LIABILITY  |                          | ,   | (Cr)   |                            | COMBINED SINGLE UMIT<br>(Ea accident)        |               |
|                     | ANY AUTO  |                          | <b>11</b>                                       |  |                            | BODILY INJURY (Per person)                   | \$            |
|                     | ALL OWNED SCHEDULED AUTOS   |                          | (8)   |  |                            | BODILY INJURY (Per accident)                 | \$            |
|                     | HRED AUTOS NON-OWNED AUTOS  |                          | · CV  |  |                            | PROPERTY DAMAGE<br>(Per accident)            | \$            |
|                     |   |                          | .67   |  |                            |  | \$            |
|                     | UMBRELLA LIAB OCCUR   |                          | 182   |  |                            | EACH OCCURRENCE                              | \$            |
| ļ                   | EXCESS LIAB CLAIMS-MADE   | - 6                      | N   |  |                            | AGGREGATE                                    | \$            |
|                     | CED RETENTION \$  | 51                       | <i>'</i>  |  |                            |  | \$            |
|                     | WORKERS COMPENSATION<br>AND EMPLOYERS' LIABILITY  |                          |   |  |                            | WCSTATU-<br>TORY LIMITS ER                   |               |
|                     | ANY PROPRIETORIPARTNER/EXECUTIVE  | NIA                      |   |  |                            | EIL EACH ACCIDENT                            | \$            |
|                     | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | I                        |   |  |                            | E L. DISEASE - EA EMPLOYEE                   | \$            |
| _                   | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                          |   |  |                            | E.L. DISEASE - POLICY LIMIT                  | \$            |
|                     |   |                          |   |  |                            |  |               |
|                     |   |                          |   |  |                            |  |               |
|                     |   |                          |   |  |                            |  |               |
| DESC                | RIPTION OF OPERATIONS (LOCATIONS (VEHICLE   | ES (Attach AC            | ORD 101, Additional Remarks Sch                 | edule, if more space is req                                    | uired)                     |  |               |
|                     |   |                          |   |  |                            |  |               |
|                     | The Nebraska State Fair   | Board E                  | onner Dark Evnositio                            | n and Events Ce  | nter The H                 | Iall County Livestock                        | (             |
|                     |   |                          |   |  |                            | ion occurry arrests                          |               |
|                     | Improvement Associatio  | n, and th                | ne City of Grand Islan                          | id are additional  | insured                    |  |               |
|                     |   |                          |   |  |                            |  |               |
| CER                 | TIFICATE HOLDER   |                          |   | CANCELLATION   |                            |  |               |
| OLK                 | THORIE HOLDER   |                          | CANCELLATION                                    |  |                            |  |               |
| Nobraska Stata Fair |   |                          |   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE |                            |  |               |

Nebraska State Fair

Facilities Department

PO Box 1387

Grand Island, NE 68801

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