

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, 2026**. 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, VenuWorks, 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 28th – September 7th, 2026, and covering any move in/tear down days preceding/following the Fair.
- For more information, refer to Page 14 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 2026 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 the State Fair Sales Team at salesmanager@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.



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 INSURANCE AGENT/BROKER NAME ADDRESS CITY STATE ZIP	CONTACT NAME: 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 :
INSURED 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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRE/AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEF. <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 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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