

# 2019 Minnesota State Fair Mandatory Insurance Requirements

## **GENERAL LIABILITY INSURANCE**

All exhibitors and concessionaires licensed by the Minnesota State Fair must have occurrence form commercial general liability insurance coverage on their activities/operations at the fairgrounds. Coverage requirements are as follows:

1. Minimum of one million (\$1,000,000) combined single limits per occurrence, two million (\$2,000,000) annual aggregate, insuring against claims for bodily injury and property damage.
2. Where applicable, exhibitors and concessionaires must also have coverage insuring against claims for products liability and products /completed operations.
3. The Minnesota State Fair and Minnesota State Agricultural Society must be named as an "additional insured" with respect to licensee operations/activities on their insurance certificate. Listing the Minnesota State Fair only as the Certificate Holder is **not** acceptable.

In the event we do not receive a certificate reflecting acceptable general liability insurance coverage or as an alternative to providing your own such coverage, you may be added to the group general liability insurance policy established for Minnesota State Fair's exhibitors and concessionaires. Such coverage is in excess of any coverage you may have. If approved for such coverage, \$70 will be added to your license invoice for the first exhibit or concession site and \$50 for each additional site. This group policy does not provide worker's compensation coverage. (The preceding rates may be subject to change.)

## **WORKERS' COMPENSATION INSURANCE**

All exhibitors and concessionaires licensed by the Minnesota State Fair are required to provide a certificate giving proof of workers' compensation insurance coverage in compliance with requirements of Minnesota Statutes Chapter 176, or provide evidence their exemption from same.

## **GENERAL INSURANCE REQUIREMENTS**

4. The Concessions & Exhibits Department must receive a certificate(s) of insurance from your insurance carrier(s) by July 1, 2019. (We accept copies, emails to sales @mnstatefair.org, or faxes (651) 642-2440.)
5. Certificate(s) provided must cover the period from Aug. 22 through Sept. 2, 2019, as well as fair setup and teardown dates. If your license agreement is issued after July 1, a certificate(s) of insurance must be provided within fifteen (15) days of the license issue date.
6. Insurance carriers must provide the State Fair with a minimum of (30) days written notice of any policy cancellation or material change in policy terms.
7. An example of an acceptable certificate of insurance may be found on the back of this sheet. To expedite insurance processing, please reference your license number and company name as reflected on your license agreement.

If you have questions, please contact the Concessions & Exhibits Department at (651) 288-4456.

Example on back page

# ACORD CERTIFICATE OF LIABILITY INSURANCE

Today's Date

|  |  |
|--|--|
| PRODUCER<br>Your Insurance Agent Name<br>Address<br>City, State Zip  | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.<br><b>COMPANIES AFFORDING COVERAGE</b> |
| INSURED: <input checked="" type="checkbox"/><br>Company Name<br>(as it appears on your MN State Fair License)<br>Address (business or home)<br>City, State Zip | COMPANY A: Your Insurance Company Name<br>COMPANY B:<br>COMPANY C:<br>COMPANY D:<br>COMPANY E:   |

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE Date (MM/DD/YY)  | POLICY EXPIRATION Date (MM/DD/YY) | LIMITS   |
|--------|---|---------------|---|-----------------------------------|--|
| A      | GENERAL LIABILITY <input checked="" type="checkbox"/>   | POLICY NUMBER | <input checked="" type="checkbox"/> Policy dates must include set-up and tear-down dates of the fair. |                                   | GENERAL AGGREGATE <input checked="" type="checkbox"/> \$ 2,000,000 |
|        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |   |                                   | PRODUCTS - COMP/OP AGG \$  |
|        | CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/>              |               |   |                                   | PERSONAL & ADV INJURY \$   |
|        | OWNER'S & CONTRACTOR'S PROT   |               |   |                                   | EACH OCCURRENCE <input checked="" type="checkbox"/> \$ 1,000,000   |
|        |   |               |   |                                   | FIRE DAMAGE (Any one fire) \$                                      |
|        |   |               |   |                                   | MED EXP (Any one person) \$  |
|        |   |               |   |                                   | \$   |
|        | AUTOMOBILE LIABILITY  |               |   |                                   | COMBINED SINGLE LIMIT \$   |
|        | <input type="checkbox"/> ANY AUTO   |               |   |                                   | BODILY INJURY (Per person) \$                                      |
|        | <input type="checkbox"/> ALL OWNED AUTOS  |               |   |                                   | BODILY INJURY (Per accident) \$                                    |
|        | <input type="checkbox"/> SCHEDULED AUTOS  |               |   |                                   | PROPERTY DAMAGE \$   |
|        | <input type="checkbox"/> HIRED AUTOS  |               |   |                                   | AUTO ONLY - EA ACCIDENT \$   |
|        | <input type="checkbox"/> NON-OWNED AUTOS  |               |   |                                   | OTHER THAN AUTO ONLY:  |
|        |   |               |   |                                   | EACH ACCIDENT \$   |
|        |   |               |   |                                   | AGGREGATE \$   |
|        | GARAGE LIABILITY  |               |   |                                   | EACH OCCURRENCE \$   |
|        | <input type="checkbox"/> ANY AUTO   |               |   |                                   | AGGREGATE \$   |
|        |   |               |   |                                   | \$   |
|        |   |               |   |                                   | \$   |
|        |   |               |   |                                   | \$   |
|        | EXCESS LIABILITY  |               |   |                                   | WC STATUTORY LIMITS OTHER  |
|        | <input type="checkbox"/> UMBRELLA FORM  |               |   |                                   | E.L. EACH ACCIDENT \$  |
|        | <input type="checkbox"/> OTHER THAN UMBRELLA FORM   |               |   |                                   | E.L. DISEASE - EA EMPLOYEE \$                                      |
|        |   |               |   |                                   | E.L. DISEASE - POLICY LIMIT \$                                     |
|        | WORKERS COMPENSATION AND EMPLOYER'S LIABILITY   |               |   |                                   |  |
|        | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL |               |   |                                   |  |
|        | OTHER:  |               |   |                                   |  |

EXAMPLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

It must state, the "Minnesota State Fair and Minnesota State Agricultural Society are listed as an additional insured".

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| <b>CERTIFICATE HOLDER</b><br>Minnesota State Fair<br>Minnesota State Agricultural Society<br>1265 Snelling Avenue North St. Paul, MN<br>55108-3099 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <input checked="" type="checkbox"/> 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>YOUR INSURANCE AGENT'S SIGNATURE |
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