



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2019

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 have **ADDITIONAL INSURED** provisions or 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 Your Insurance Agent Name Address City, State, Zip	CONTACT NAME: Insurance Agent Contact PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE _____ NAIC # _____ INSURER A : Your Insurance Company INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
INSURED ✓ Company Name (as it appears on your MN State Fair License) Address City, State, Zip	

COVERAGES CERTIFICATE NUMBER: CL1910284369 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			POLICY NUMBER	<input checked="" type="checkbox"/> Policy dates must include set-up and tear-down dates of the fair.		EACH OCCURRENCE ✓ \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE ✓ \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N / A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____



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

MINNESOTA STATE FAIR AND THE MINNESOTA STATE AGRICULTURAL SOCIETY ARE LISTED AS AN ADDITIONAL INSURED.

CERTIFICATE HOLDER Minnesota State Fair Minnesota State Agricultural Society 1265 Snelling Ave. North St. Paul MN 55108-3099	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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2022

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, \$85 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, 2022 (We accept copies, emails to sales @mnstatefair.org, or faxes (651) 642-2440.)
5. Certificate(s) provided must cover the period from Aug. 25 through Sept. 5, 2022, 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