

Insurance Requirements

(For Licensees excluded from MSF master group policy insurance)

All exhibitors and concessionaires (“Licensees”) licensed by the Minnesota State Fair (“MSF”) must have occurrence form commercial general liability insurance coverage on their activities/operations at the fairgrounds, IF THEY ARE NOT COVERED under the MSF master group insurance policy.

GENERAL LIABILITY REQUIREMENTS:

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. Follow example certificate carefully.
4. The Concessions & Exhibits Department must receive a valid and acceptable certificate(s) of insurance from your insurance carrier(s) by July 1, 2025. We accept copies or emails to sales@mnstatefair.org.
5. Certificate(s) provided must cover the period from Aug. 21 through Sept. 1, 2025, 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 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 can be found on page 2.

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. Please reference the example on the next page.

WORKERS’ COMPENSATION INSURANCE:

All exhibitors and concessionaires (Licensees) 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.



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 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		
INSURED Company Name (as it appears on your MN State Fair Licence) Address City, State, Zip	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		POLICY NUMBER			EACH OCCURRENCE <input checked="" type="checkbox"/> \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE <input checked="" type="checkbox"/> \$ 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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						N/A

EXAMPLE

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**CANCELLATION**

Minnesota State Fair
 Minnesota State Agricultural Society

1265 Snelling Ave. North
 St. Paul, MN 55108-3099

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