

2018 CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

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.

YOUR AGENT'S NAME & ADDRESS

COMPANIES AFFORDING

COMPANY LETTER A ***THIS PART COMPLETED BY YOUR AGENT***

INSURED

COMPANY LETTER B

YOUR AGENT'S NAME & ADDRESS

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENTS. 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY					
A.	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR. OWNER'S & CONTRACTORS'S PROT.	XXXXXXXXXX	XXX	XXX	GENERAL AGGREGATE \$ 500,000 PRODUCTS-COMP/OP AGG \$ 500,000 PERSONAL & ADV. INJURY \$ 500,000 EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 500,000 MED. EXPENSE (Any one person) \$ 500,000
AUTOMOBILE LIABILITY					
	ANY AUTO				COMBINED SINGLE \$
	ALL OWNED AUTOS				LIMIT
	SCHEDULED AUTOS				BODILY INJURY \$
	HIRED AUTOS				(Per Person)
	NON-HIRED AUTOS				BODILY INJURY \$
					(Per accident)
					PROPERTY DAMAGE \$
EXCESS LIABILITY					
	UMBRELLA FORM				EACH OCCURENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
WORKMAN'S COMPENSATION AND EMPLOYER'S LIABILITY					
					STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
OTHER					
B.	LIQUOR LIABILITY	XXXXXXXXXX	XXXX	XXXX	\$500,000
		<i>(REQUIRED WHEN ALCHOL IS SERVED ON FAIRGROUNDS PREMISES)</i>			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS					
<i>BONNER COUNTY AND BONNER COUNTY FAIR BOARD IS HEREBY NAMED AS ADDITIONAL INSURED AS RESPECTS (DESCRIBE EVENTS) XXXXXXXXXXXXXXXXXXXX (DATE) XXXXXX</i>					
CERTIFICATE HOLDER			CANCELLATION		
<i>BONNER COUNTY FAIR ASSOCIATION 4203 NORTH BOYER ROAD SANDPOINT ID 83864</i>			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
_____ AUTHORIZED REPRESENTATIVE					

SAMPLE