



**TO: INSURANCE COMPANIES**

**FROM: LINDA HULET**  
**FRESNO FAIR EXHIBIT OFFICE**

**RE: INSURANCE**

**WE NEED \$1,000,000.00 LIABILITY PER EACH OCCURRENCE.**

**PLEASE HAVE THE STATEMENT AS FOLLOWS ON CERTIFICATE OF INSURANCE:**  
**THIS STATEMENT IS VERY IMPORTANT**

**“THAT THE STATE OF CALIFORNIA, THE DISTRICT AGRICULTURAL ASSOCIATION, COUNTY FAIR, THE COUNTY IN WHICH THE COUNTY FAIR IS LOCATED, LESSOR/SUBLESSOR IF FAIR SITE IS LEASED/SUBLEASED, CITRUS FRUIT FAIR, CALIFORNIA EXPOSITION AND STATE FAIR, OR ENTITIES (PUBLIC OR NON-PROFIT) OPERATING CALIFORNIA DESIGNATED AGRICULTURAL FAIRS, THEIR DIRECTORS, OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES ARE MADE ADDITIONAL INSURED, BUT ONLY INsofar AS THE OPERATIONS UNDER THIS CONTRACT ARE CONCERNED.”**

**EVENT DATES MUST INCLUDE SETUP AND TEAR DOWN DATES:**  
**SEPTEMBER 30<sup>TH</sup> - OCTOBER 21ST**

**30 DAY CANCELLATION**

**CERTIFICATE HOLDER**

**FRESNO FAIR**  
**1121 CHANCE AVE**  
**FRESNO CA 93702**

**PLEASE SEND HARD COPY: ATTENTION “Linda Hulet”**  
**PHONE NUMBER IS: 559-650-3213**  
**OUR FAX NUMBER IS: 559-650-3375**  
**E-MAIL: [Lhulet@fresnofair.com](mailto:Lhulet@fresnofair.com)**

**YOU CAN PURCHASE OUR INSURANCE FOR:**  
**\$155.00 COMMERCIAL (FAIR TIME)**  
**\$195.00 FOOD CONCESSIONS (FAIR TIME)**  
**\$22.00 COMMERCIAL (INTERIM EVENTS)**  
**\$33.00 CONCESSION (INTERIM EVENTS)**



# 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

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A:

ABC Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Must match name  
on contract

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 YVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE
	DED	RETENTIONS					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L EACH ACCIDENT
							E L DISEASE EA EMPLOYEE
							E L DISEASE POLICY LIMIT

Make sure dates  
Cover event

Limits need to be  
EACH  
OCCURRENCE

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

The State of California, The District Agricultural Association, County Fair, The County in which the County Fair is located, Lessor/Sublessor if fair site is leased/subleased, Citrus Fruit Fair, or California Exposition and State Fair, or Entities (public or non-profit) operating California designated agricultural fairs, their directors, officers, agents, servants, and employees are made additional insured, but only insofar as the operations under this contract are concerned.

CERTIFICATE HOLDER

CANCELLATION

Fair needs to be  
named as  
certificate holder

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

Signature Required

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977