

INSURANCE

Exhibitor shall provide evidence of public liability insurance in the form of a "Certificate of Insurance." The limit of liability insurance shall be a **minimum of \$1,000,000 per occurrence**, adding the Big Iron Farm Show as additionally insured. **Certificate of Insurance shall name RED RIVER VALLEY FAIR ASSOCIATION dba BIG IRON FARM SHOW**, 1805 Main Avenue West, West Fargo, ND 58078, as the certificate holder. (See FIGURE A)

In the event of cancellation of policies before the expiration date thereof, the issuing company will mail a 15 day written notice to the certificate holder. Said certificate shall be provided before the Exhibitor will be allowed to set up on the licensed premises. Insurance may be purchased through the Big Iron Farm Show Office. Please contact the Big Iron Farm Show Office for insurance rates.

ACORD®		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY) Date Created																						
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 Insurance Agent/Broker Name Insurance Agent/Broker Address Insurance Agent/Broker City, State, Zip Code Phone Number				CONTACT NAME: Agent/Broker Name PHONE (A/C, No, Ext): Phone Number FAX (A/C, No): E-MAIL ADDRESS: Agent/Broker Email Address																							
INSURED Vendor Name (Company) Vendor Street (Address) Vendor City, State, & Zip				<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Name of Insurance Company</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER B:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER C:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER D:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER E:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> <tr> <td>INSURER F:</td> <td>Name of Insurance Company (if applicable)</td> <td>Enter NAIC</td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Name of Insurance Company	Enter NAIC	INSURER B:	Name of Insurance Company (if applicable)	Enter NAIC	INSURER C:	Name of Insurance Company (if applicable)	Enter NAIC	INSURER D:	Name of Insurance Company (if applicable)	Enter NAIC	INSURER E:	Name of Insurance Company (if applicable)	Enter NAIC	INSURER F:	Name of Insurance Company (if applicable)	Enter NAIC
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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 SUBR INSR_VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																					
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>	X	Enter Policy #	Policy Start	Policy End	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$																					
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$																					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Red River Valley Fair Association/Big Iron Farm Show is listed as additionally insured under the general liability.																											
CERTIFICATE HOLDER				CANCELLATION																							
Red River Valley Fair Asso./Big Iron Farm Show 1805 Main Avenue West West Fargo, ND 58078 emily@redrivervalleyfair.com				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 Agent/Broker's Signature																							
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FIGURE A